

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMA

SOUTH WIND WOMEN’S CENTER LLC,  
d/b/a/ TRUST WOMEN OKLAHOMA CITY,  
*et al.*,

*Plaintiffs,*

v.

J. KEVIN STITT, *in his official capacity as*  
Governor of Oklahoma, *et al.*,

*Defendants.*

Case No: 20-CV-277-G

**SUPPLEMENTAL BRIEF OF DEFENDANTS**

On April 16, 2020, the Governor of Oklahoma amended the Executive Order (“EO”)<sup>1</sup> challenged in this case, including the provision regarding elective procedures that is the focus of this suit. The Governor also issued an Executive Memorandum (“EM”)<sup>2</sup> detailing how the EO should be implemented with respect to elective procedures. That same day, this Court ordered Defendants to file a supplemental brief addressing the effect of the EO and EM on this litigation and on the provision of abortion services in Oklahoma. Doc. 97. After consultation with the Governor’s Office, counsel for Defendants state as follows:

1. While the EO originally postponed all elective procedures until April 30th, the amended EO will now allow certain elective procedures to commence on April 24th. Determination of which elective surgeries are allowed to commence on April 24th is by reference to the EM, which states that the EM’s Elective Surgery Acuity Scale (ESAS) “shall

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<sup>1</sup> See <https://www.sos.ok.gov/documents/executive/1931.pdf> at 5, ¶ 22.

<sup>2</sup> See <https://www.sos.ok.gov/documents/executive/1932.pdf>

be utilized.” The ESAS categorizes three tiers of elective surgeries and specifies, for each tier, when such an elective “surgery” is allowed to take place. The scale classifies surgeries based on “impacts on morbidity and mortality.” EM at 1.<sup>3</sup> That is, surgeries are classified depending on whether postponing the surgery creates a significant increase on the risk of morbidity or mortality.

2. Tier 3 surgeries are those essential to prevent high risks to life, such as for “highly symptomatic patients” and “most cancers.” EM at 1. Those are not considered elective surgeries, having never been subject to the elective procedure postponement, and are currently allowable. In accordance with the Governor’s March 27, 2020 press release, this includes non-elective abortions, namely those that address a medical emergency as defined in 63 O.S. § 1-738.1A or are otherwise necessary to prevent serious health risks to the mother. *See* Doc. 1-2.

3. Tier 2 surgeries are those where delay will create a significant increase in future morbidity and mortality, such as surgeries on low-risk cancer, but not risks so great that they constitute a Tier 3 surgery. These surgeries may take place starting on April 24. This includes elective surgical abortions where delay until April 30 would make elective abortion unavailable under Oklahoma law because, based on the limited evidence in this case, reasonable medical judgment could conclude that the risks associated with childbirth are significant as compared to surgical abortion. However, because Plaintiffs have asserted that surgical abortions are

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<sup>3</sup> *See also* CMS, Non-Emergent, Elective Medical Services, and Treatment Recommendations (April 7, 2020) (recommending to “prioritize services and care to those who require emergent or urgent attention to save a life, manage severe disease, or avoid further harms from an underlying condition”), <https://www.cms.gov/files/document/cms-non-emergent-elective-medical-recommendations.pdf>

“extremely safe” regardless at what gestational age they take place, *see* Doc. 93, FOF ¶ 102, delay of elective abortion where abortion would still be available on April 30 does not increase the risk of morbidity and mortality to a significant degree. Such abortions are thus not considered to be under Tier 2.

4. Tier 1 surgeries are those where the increased risk of morbidity or mortality from delay is low, such as most outpatient surgeries and those to correct illnesses that are not life threatening, including carpal tunnel release and colonoscopies. These surgeries may take place starting April 30.<sup>4</sup> As detailed in the previous paragraph, this includes all elective surgical abortions unless abortion would be unavailable on or after April 30. Moreover, medication abortions are medical procedures that are not surgical, and thus subject to the EO’s provision that postpones “minor medical procedures ... until April 30th, 2020.” And medication abortions are less safe than surgical abortions, and often less safe than even *later* surgical abortions—or the very least they are not significantly safer than later surgical abortions—further justifying similar treatment as Tier 1 surgeries.

5. For any elective procedure, even if allowed by the EM by a given date, whether it goes forward is “subject to individual institutions’ availability of personal protective equipment [(PPE)].” EM at 1. That is, even if a surgery is otherwise allowable, if the provider does not have sufficient PPE to safely perform the surgery during the COVID-19 pandemic, the surgery should not go forward. And if allowable under the appropriate tier, a provider

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<sup>4</sup> While the EM suggests these will not be allowable until May 1, 2020, the EO controls over the EM and its April 30, 2020 date is applicable to Tier 1 surgeries and minor medical procedures.

should still take into account CMS's list of "key considerations" in deciding whether an elective surgery should go forward. EM at 2.

6. Finally, all elective surgeries (which does not include minor medical procedures) "require a COVID-19 test as a portion of the pre-operation process." This includes surgical abortions. This requirement does not apply where not feasible because the surgery is immediately necessary as part of a medical emergency.

7. This recent action by the Governor has an effect on this litigation in three ways. *First*, these changes may impact the scope of any preliminary relief the Court may grant—although Defendants maintain no preliminary relief is warranted—and may change the date by which certain aspects of this action become moot issues.

8. *Second*, the EO and referenced EM and CMS Recommendations confirm the State's interest in postponing elective procedures. As CMS states: "To aggressively address COVID-19, CMS recognizes that conservation of critical healthcare resources is essential, in addition to limiting exposure of patients and staff to the virus that causes COVID-19. CMS also recognizes the importance of reducing burdens on the existing health system and maintaining services while keeping patients and providers safe." *See supra* n.3.

9. *Third*, as noted in Defendants' surreply, this recent action shows both that the postponement is working and that it was a reasonable measure based on the data and advice given to the Governor by health advisors, without pretext or invidious discrimination:

Despite Plaintiffs best efforts to fight it, the postponement has started to work. Accordingly, based on the latest data and developments, Governor Stitt announced today that he will begin lifting portions of the elective procedures postponement as soon as April 24, six days earlier than originally planned. ... As the Governor warned, “there will still be difficult times ahead” and his team “will continue to monitor our hospitalizations and our PPE from around the State day and night.” The Governor’s decisions will be based on the best available data and the advice of the Governor’s health policy team.

Ultimately, this disproves Plaintiffs’ theory that the elective procedure postponement was all pretext to target abortion, and instead shows it was a reasonable measure, based on data and expert health advice, to impose no more restrictions than necessary to allow the State to weather this crisis in a manner calculated to preserve the public health. The Governor’s good faith EO will have lasted only as long as necessary, perhaps little more than a month total, and it will have been voluntarily complied with by nearly everyone except Plaintiffs.

Doc. 96 at 6-7.<sup>5</sup>

10. For these reasons, the Governor’s latest action shows that the postponement is and always has been a reasonable measure, including as applied to abortion, and is not oppressive or arbitrary. Accordingly, Plaintiffs’ request for a preliminary injunction should be denied.

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<sup>5</sup> Citing Governor’s Press Conference, April 15, 2020, *available at* <https://www.facebook.com/GovStitt/posts/2966027813483195>.

Respectfully Submitted,

*s/ Mithun Mansinghani*

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MITHUN MANSINGHANI, OBA #32453

*Solicitor General*

ZACH WEST, OBA # 30768

BRYAN CLEVELAND, OBA #33680

*Assistant Solicitors General*

OFFICE OF ATTORNEY GENERAL

STATE OF OKLAHOMA

313 N.E. 21st Street

Oklahoma City, OK 73105

(405) 521-3921

Mithun.Mansinghani@oag.ok.gov

Zach.West@oag.ok.gov

Bryan.Cleveland@oag.ok.gov

*Counsel for Defendants*

# Exhibit 1



J. Kevin Stitt  
Office of the Governor  
State of Oklahoma

**FILED**

**APR 16 2020**

**OKLAHOMA SECRETARY  
OF STATE**

**EXECUTIVE DEPARTMENT  
SECOND AMENDED EXECUTIVE ORDER 2020-13**

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On April 15<sup>TH</sup>, 2020, the 2, 263<sup>rd</sup> case of a novel coronavirus ("COVID-19"), was confirmed in the State of Oklahoma. As noted in a previous Executive Order, the United States Centers for Disease Control and Prevention has identified the potential public health threat posed by COVID-19 as "high" both globally and in the United States. In addition, on March 14, 2020, the President of the United States declared a national health emergency in the United States as a result of the national spread of COVID-19. On March 15, 2020, I issued Executive Order 2020-07 (which was last amended by Eighth Amended Executive Order 2020-07 dated April 2, 2020) declaring an emergency caused by the impending threat of COVID-19 to the people of this State and the public's peace, health, and safety. Further, on April 2, 2020, I declared a health emergency in the State of Oklahoma as defined in 63 O.S. § 6104 of the Oklahoma Statutes.

Therefore, I, J. Kevin Stitt, Governor of the State of Oklahoma, pursuant to the power vested in me by Section 2 of Article VI of the Oklahoma Constitution and 63 O.S. §§ 6101-6900 of the Oklahoma Statutes, specifically 63 O.S. § 6401, do hereby declare and order the following:

1. There is hereby declared an emergency caused by the impending threat of COVID-19 to the people of this State and the public's peace, health, and safety. The counties included in this declaration are:

***All 77 Oklahoma Counties***

2. The State Emergency Operations Plan has been activated, and resources of all State departments and agencies available to meet this emergency are hereby committed to the reasonable extent necessary to prepare for and respond to COVID-19 and to protect the health and safety of the public. These efforts shall be coordinated by the Director of the Department of Emergency Management with comparable functions of the federal government and political subdivisions of the State.
3. State agencies, in responding to this emergency, may make necessary emergency acquisitions to fulfill the purposes of this declaration. If using a P-Card to make such acquisitions, agencies may purchase the necessary acquisitions without regard to the current P-Card policy limitation of \$5,000.00 purchase limit. Agencies may make the necessary emergency acquisitions without the requirement to follow bidding

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requirement/limitations on such emergency acquisitions, without the need to purchase from State Use Vendors, or to purchase from mandatory State Wide contracts. Such necessary emergency purchases shall be capped at \$250,000.00 per transaction. All such purchases must be readily identifiable as such, as following the conclusions of this threat, all such necessary emergency acquisitions will be audited to determine if they were made for emergency purposes.

4. Effective immediately, a moratorium is placed on all out-of-state travel for all employees and officers of agencies that is paid for, in whole or in part, by the State of Oklahoma. This moratorium shall apply to all travel expenses not already incurred as of the date of this Order. Any state employee or officer seeking an exception to this moratorium may submit a written request to the Governor, who shall have the sole discretion to approve or deny the request.
5. State agencies, in responding to this emergency, may employ additional staff without regard to the classification requirements of such employment.
6. So long as this Order is in effect, the requirement in Amended Executive Order 2019-3 that the Chief Administrative Officer request and obtain approval from the Cabinet Secretary for an exemption to the personnel freeze for agencies under the Secretary of Health and Mental Health shall be waived.
7. State agencies shall continue to follow guidance for interaction with the public provided by the Oklahoma Department of Health.
8. Emergency responders employed by the State of Oklahoma who are correctional officers, law enforcement officers, and fire personnel shall not be excluded from the application of and benefits under the Emergency Paid Sick Leave Act of the Families First Coronavirus Response Act (FFCRA) if:
  - a. They are subject to a coronavirus quarantine or isolation order;
  - b. They have been advised by a healthcare provider to self-quarantine due to coronavirus concerns; or
  - c. They are experiencing symptoms of coronavirus and are seeking a medical diagnosis;

In addition, I direct as follows:

1. All State agencies shall transmit a clear delegation of authority for state agency directors and designate an Emergency Management Liaison by 5:00 p.m. on March 16, 2020;
2. All State agencies shall establish and, if necessary, implement a remote work policy that balances the safety and welfare of state employees with the critical services they provide;
3. All State agencies shall encourage Oklahomans interacting with agency

services to utilize online options whenever possible;

4. All State agencies shall ensure continued compliance with Executive Order 2019-13, which limits non-essential out-of-state travel.
5. All State agencies shall promulgate any emergency rules necessary to respond to the emergency and to comply with the directives contained herein.
6. All state agencies with licensing and certificate responsibility over medical professionals, including the Board of Medical Licensure and Supervision, State Board of Osteopathic Examiners, and Board of Nursing shall, by April 15, 2020 promulgate emergency rules necessary to increase the number of medical professionals able to practice in the State. Such action may include, but is not limited to, the following:
  - a. Reduction in supervisory requirements or limitations placed on non-physicians;
  - b. Removal of barriers of entry for retired medical professionals from re-entering the workforce. Medical professionals who have lapsed or inactive licenses or certifications may have their single-state license or certification reinstated if they submit a reinstatement application and fee proscribed by their respective licensing boards and meet the qualifications for licensure or certification established by such Board, provided such license shall only be valid as long as this Order is in effect. The continuing qualifications as required for licensure or certification are hereby waived for those reinstated licensees as long as this Order remains in effect. It is strongly recommended any required fees be waived to the fullest extent possible; and
  - c. Increase opportunities for students and recent graduates who are not yet fully licensed to practice.

Any license or certificate issued pursuant to such Emergency Rules or this Order shall only be valid for as long as this Order is in effect. Further, any retired physician who returns to practice to provide assistance with the State's response to COVID-19 shall register with the Medical Reserve Corps.

7. As long as this Executive Order is in effect a licensed physician shall be able to supervise any number of Physician Assistants, Certified Registered Nurse Anesthetists, and Nurse Practitioners, and shall be able to supervise the Physician Assistants, Certified Registered Nurse Anesthetists Certified Registered Nurse Anesthetists, and Nurse Practitioners using remote or telephonic means.
8. Any medical professional who holds a license, certificate, or other permit issued by any state that is a party to the Emergency Management Compact evidencing the meeting of qualifications for the practice of

certain medical services, as more particularly described below, shall be deemed licensed to practice in Oklahoma so long as this Order shall be in effect, subject to the following conditions:

- a. This shall only apply to Medical (MD) and Allied Licenses issued by the Board of Medical Licensure and Supervision, Licenses issued by State Board of Osteopathic Examiners, and Licenses and Certificates issued by the Board of Nursing, all three shall collectively be referred to as “Boards”;
  - b. Any medical professional intending to practice in Oklahoma pursuant to this Order, hereinafter referred to as “Applicant,” shall first apply with and receive approval from appropriate Board;
  - c. It is the responsibility of each Board to verify the license status of any applicant and, upon verification of good standing, shall issue a temporary license to practice within this State; and
  - d. Any applicant licensed under this Order shall be subject to the oversight and jurisdiction of the licensing Board, which includes the ability of the Board to revoke said license and to initiate any administrative or civil proceeding related to any alleged misconduct of the applicant.
9. All occupational licenses issued by any agency, board, or commission of the State of Oklahoma that expire during this emergency shall be extended so long as this Order is in effect. All occupational licenses extended during this Order will expire fourteen (14) days following the withdrawal or termination of this Order.
10. Hospitals and Physician Clinics (collectively referred to as “hospitals”) operating in the State shall cooperate with and respond to all requests for critical data from the Oklahoma State Department of Health (“OSDH”), as applicable to the services they provide. This shall include, but will not be limited to, the daily submission, no later than noon, of critical data in a manner and format prescribed by OSDH. Critical Data shall include, but not be limited to:
- a. The number of available (i) ICU beds, (ii) medical surgery beds, (iii) operating room beds, (iv) pediatric beds, (v) PICU beds, (vi) ventilators, (vii) anesthesia machines capable of patient ventilation, (viii) ventilator connecting circuits, (ix) patient interfaces, (x) negative flow rooms, (xi) and overall occupancy status;
  - b. COVID-19 Test Availability, as measured by the number of COVID-19 testing kits available for use at the hospital;
  - c. The number of (i) positive patients and persons under investigation in the hospital receiving treatment and (ii) positive patients and persons

under investigation sent home for self-quarantine; and

d. Personal Protective Equipment stock on hand.

11. For the duration of the health emergency declared herein, any physical space offered and found to be safe for patient care by a Medicare- or Medicaid-certified and Oklahoma-licensed hospital (including psychiatric and critical access facilities) or skilled nursing facility shall be deemed an annex to a provider's license. State certificate of need requirements for adding beds are waived and Centers for Medicare and Medicaid Services regulations, including waivers of certain regulations due to COVID-19 emergency, will pre-empt state statutes and rules relating to expanding capacity.

For the duration of Executive Order 2020-12, for any Medicare- or Medicaid-certified and Oklahoma-licensed hospital (including psychiatric and critical access facilities) or skilled nursing facility, Centers for Medicare and Medicaid Services regulations, including waivers of certain regulations due to COVID-19 emergency, will pre-empt any conflicting state statutes and rules.

12. The OSDH shall provide daily an aggregated summary of the information requested in the preceding paragraphs to the Office of the Governor by 3:00 p.m.
13. Every public or private entity that is utilizing, or has utilized, an FDA-approved test, including an emergency use authorization test, for human diagnostic purposes of COVID-19, shall submit to Oklahoma State Department of Health (OSDH), as well as to the local health department, daily reports of all test results, both positive and negative, the number of test supplies ordered, the number of test supplies available, the number of samples/specimens received and pending processing, and timeframe of test completion, for all days from March 15, 2020 forward. In addition, OSDH shall promptly share this information with the CDC.
14. Telemedicine shall be used to maximum potential and shall be allowed for non-established patients for the purposes of the COVID-19 response. The preexisting patient relationship requirement for telemedicine, as required by 59 O.S. § 478.1, only applies to the prescribing of opiates and other controlled dangerous substances. 59 O.S. § 478.1 already allows the physician to see patients using telemedicine without the prior establishment of the physician patient relationship. Nothing in this Order shall waive 59 O.S. § 478.1 (C) for the purpose of prescribing opiates and other controlled dangerous substances reference therein.
15. In order to allow stretcher vans and stretcher aid vans to assist with the emergency and operate anywhere in the state, the geographic and population-based limitations found in 63 O.S. § 1-2503 are hereby waived so long as this Order is in effect.

16. The requirement that an individual be unemployed for a waiting period of one (1) week before benefits are paid, as required by 40 O.S. § 2-206, is hereby waived so long as this Order remains in effect.
17. Advanced practice registered nurses, registered nurses, licensed practical nurses and advanced unlicensed assistants who have lapsed or inactive licenses or certifications may have their single-state license or certification reinstated if they submit a reinstatement application and fee prescribed by the Board and meet the qualifications for licensure or certification established by the Board, provided such license shall only be valid as long as this Order is in effect. The continuing qualifications as required for licensure or certification by OAC 485:10-7-4 (h); 485:10-7-5 (g); 485:10-9-4 (h); 485:10-9-5 (g); 485:10-10-8.1 (d) are hereby waived as long as this Order remains in effect. It is strongly recommended any required fees be waived to the fullest extent possible.
18. The requirements for Oklahoma Tax Commission compliance for any license or certificate issued by the Board of Medical Licensure and Supervision, State Board of Osteopathic Examiners, and Board of Nursing for renewal or reinstatement of a lapsed or inactive license or certification who is identified as being Oklahoma Tax Commission non-compliant, as set forth in 68 OS § 238.1 (E), is hereby waived as long as this Order remains in effect.
19. Oklahoma State regulations requiring Clinical Laboratory Improvement Amendment (CLIA) certification for testing laboratories are hereby suspended until further notice for the universities named below and for the narrow purposes described herein. During this suspension, laboratories operated by or through the University of Oklahoma and Oklahoma State University are authorized to conduct testing and testing-related activities in response to the COVID-19 pandemic. Further, the Oklahoma Commissioner of Health, acting through and on behalf of OSDH, is hereby authorized to contract with the Board of Regents for the Oklahoma Agricultural and Mechanical Colleges, the Board of Regents for the University of Oklahoma, and/or their constituent agencies to perform laboratory tests and test-related activities, without regard to CLIA certification requirements, as necessary to detect and report COVID-19 infection in compliance with applicable law. The Commissioner of Health is authorized to negotiate and execute any and all agreements and terms necessary to execute and implement this provision.
20. No prescription for chloroquine or hydroxychloroquine may be dispensed unless all of the following apply:
  - a. The prescription bears a written diagnosis from the prescriber consistent with the evidence for its use.
  - b. The prescription is limited to no more than a fourteen (14) day supply, unless the patient was previously established on the medication prior to the effective date of this Order.

- c. No refills may be permitted unless a new prescription is furnished.

If a scenario is not addressed in these medication limitations a pharmacy can use the waiver form provided by the Board of Pharmacy to request further consideration.

21. Adults over the age of sixty-five (65) and people of any age who have serious underlying medical conditions, collectively referred to as “vulnerable individuals,” shall stay in their home or place of residence except for working in a critical infrastructure sector, as more particularly described herein, and the conduct of essential errands. Essential errands shall mean those errands which are critical to everyday life and includes obtaining medication, groceries, gasoline, and visiting medical providers. The vulnerable population is encouraged to use delivery and/or curbside services whenever available.
22. Oklahomans and medical providers in Oklahoma shall postpone all elective surgeries until April 24<sup>th</sup>, 2020. Elective procedures after April 24<sup>th</sup>, 2020 are subject to the guidelines set forth in Executive Memo 2020-02. Oklahomans and medical providers in Oklahoma shall postpone minor medical procedures and non-emergency dental procedures until April 30<sup>th</sup>, 2020. For purposes of aiding in the determination of what is considered an elective surgery, medical providers are encouraged to consult the Centers for Medicare & Medicaid Services (CMS) Non-Emergent, Elective Medical Services, and Treatment Recommendations.
23. Social gatherings of more than ten people are prohibited. Businesses within a critical infrastructure sector, as more particularly described herein, shall take all reasonable steps necessary to comply with this Order and protect their employees, workers, and patrons.
24. Effective at 11:59 p.m. on March 25, 2020, all businesses not identified as being within a critical infrastructure sector as defined by the U.S. Department of Homeland Security or defined as essential by the Oklahoma Department of Commerce through the use of the North American Industry Classification System (NAICS) shall close to the public. A list of the essential business NAICS codes shall be published on the Oklahoma Department of Commerce website. Additional sectors may be designated as critical or essential by Executive Memorandum. Nothing in this provision shall prevent restaurants and bars from providing takeout, curbside, and delivery. This shall be effective until April 30, 2020.
25. Visitors are prohibited from entering and visiting patients and residents at nursing homes, long-term care facilities, and retirement homes.
26. All delivery personnel including package, floral, and food delivery shall, at the request of a hospital, clinic, long-term care facility, or childcare facility submit to a screening prior to delivering goods. Such screening shall include a

temperature check and may include a short questionnaire about potential exposure. Additionally, package delivery drivers must take their own temperature daily and shall not deliver packages if it registers over 100.4 degrees Fahrenheit. Questionnaires shall include questions about recent travel to areas with significant community spread and personal contact with individuals who have tested positive for COVID-19.

27. As supporting front-line healthcare workers is essential to our battle against COVID-19, front-line healthcare workers and their children, who have not tested positive for COVID-19 and are not otherwise exhibiting the symptoms thereof, shall not – simply because they are healthcare workers or children of healthcare workers – be discriminated against in housing or childcare services.
28. Any statutory or rule-based time requirements for completing training and becoming certified as a peace officer for duly appointed or elected peace officers during the existence of this emergency are hereby waived during the period of the emergency and for thirty days after the emergency is declared to be over.
29. Any requirements that county reserve deputies, municipal reserve officers, or other duly appointed reserve peace officers in this State be CLEET-certified prior to serving in an individual capacity or be accompanied by a CLEET-certified peace officer prior to becoming CLEET-certified are hereby waived during the period of the emergency and for thirty days after the emergency is declared to be over. Any such reserve deputy, municipal reserve officer, or other duly appointed reserve peace officer must be commissioned and authorized by his or her appointing agency's head or designee before being allowed to work as a peace officer under this provision.
30. During the existence of this emergency, the Executive Director of CLEET or his designee is authorized to issue conditional private security licenses for unarmed security guards upon receipt of a properly completed application and licensing fee but without requiring fingerprint cards or electronic submission of fingerprints. In addition, the Executive Director of CLEET or his designee is authorized to renew conditional licenses as necessary. Any conditional licenses granted or renewed pursuant to this provision will expire and become void thirty days after the emergency is declared to be over unless such conditional licenses are again renewed by CLEET action.
31. I hereby direct all persons who enter the State of Oklahoma from an area with substantial community spread, including but not limited to the New York Tri-State Area (Connecticut, New Jersey and New York), the state of Washington, California, and Louisiana, to quarantine for a period of 14 days from the time of entry into the State of Oklahoma or the duration of the person's presence in the State of Oklahoma, whichever is shorter. This Order shall not apply to persons employed by the airlines and those performing military, emergency or health response, or those workers coming into the State to participate in businesses within critical

infrastructure sectors as defined in paragraph 24 herein and in Amended Executive Memorandum 2020-01. This Order shall also not apply to persons employed by utility companies and their contractors, as well as their Mutual Aid partners, and Mutual Aide First Responders, who are traveling into the State to assist with Emergency Management. This Order shall take effect immediately and apply retroactively to all persons who have entered Oklahoma after being in any area with substantial community spread within the previous 14 days. All persons quarantining under this Section shall be responsible for all costs associated with their quarantine, including transportation, lodging, food, medical care and any other expenses to sustain the person during the period of quarantine.

32. I hereby direct all persons covered under paragraph 31 of this Order to inform any individual in Oklahoma with whom they have had direct physical contact in the past 21 days that they traveled from an area with substantial community spread.
33. All local educational agencies shall to the greatest extent practicable, continue to pay their employees and contractors for the remainder of the contracted period of the 2019-20 fiscal year, and in furtherance of this intent the State hereby authorizes accredited public school districts to pay support staff for the remainder of their contracted period for the 2019-20 fiscal year and waives any statutory or rule-based time limitations on which support personnel (as defined in 70 O.S. § 1-116) may accumulate or receive leave for the 2019-20 fiscal year.

Further, I hereby order the temporary suspension of the following as they apply to vehicles in the support efforts:

1. The cost and fees of oversize/overweight permits required of carriers whose sole purpose is transportation of materials, equipment, and supplies used for recovery/relief efforts which require an overweight permit under Title 47 of Oklahoma statutes;
2. By execution of this Order, motor carriers and drivers providing direct assistance in support of relief efforts related to the COVID-19 outbreaks are granted emergency relief from Parts 390 through 399 of Title 49 Code of Federal Regulations, except as restricted herein. Direct assistance means transportation and other relief services provided by a motor carrier or its driver(s) incident to the immediate restoration of essential services, such as medical care, or essential supplies such as food, related to COVID-19 outbreaks during the emergency.
  - a. This Emergency Declaration provides regulatory relief for commercial motor vehicle operations that are providing direct assistance in support of emergency relief efforts related to the COVID-19 outbreaks, including transportation to meet immediate needs for: (1) medical supplies and equipment related to the testing, diagnosis and treatment of



COVID-19; (2) supplies and equipment necessary for community safety, sanitation, and prevention of community transmission of COVID-19 such as masks, gloves, hand sanitizer, soap and disinfectants; (3) food for emergency restocking of stores; (4) equipment, supplies and persons necessary to establish and manage temporary housing, quarantine, and isolation facilities related to COVID-19; (5) persons designated by Federal, State or local authorities for medical, isolation, or quarantine purposes; (6) persons necessary to provide other medical or emergency services, the supply of which may be affected by the COVID-19 response; (7) fuels and petroleum products (to include fuel oil, diesel oil, gasoline, kerosene, propane, and liquid petroleum); and (8) livestock, poultry, feed for livestock and poultry, and crops and other agricultural products ready to be harvested.

- b. Direct assistance does not include routine commercial deliveries, or transportation of mixed loads that include essential supplies, equipment and persons, along with supplies, equipment and persons that are not being transported in support of emergency relief efforts related to the COVID-19 outbreaks.
  - c. Direct assistance terminates when a driver or commercial motor vehicle is used in interstate commerce to transport cargo or provide services that are not in support of emergency relief efforts related to the COVID-19 outbreaks or when the motor carrier dispatches a driver or commercial motor vehicle to another location to begin operations in commerce. 49 CFR 390.23(b). Upon termination of direct assistance to emergency relief efforts related to the COVID-19 outbreaks, the motor carrier and driver are subject to the requirements of 49 CFR Parts 390 through 399, except that a driver may return empty to the motor carrier's terminal or the driver's normal work reporting location without complying with Parts 390 through 399. However, if the driver informs the motor carrier that he or she needs immediate rest, the driver must be permitted at least 10 consecutive hours off duty before the driver is required to return to the motor carrier's terminal or the driver's normal reporting location. Once the driver has returned to the terminal or other location, the driver must be relieved of all duty and responsibilities and must receive a minimum of 10 hours off duty if transporting property, and 8 hours if transporting passengers.
- 3. The requirements for licensing/operating authority as required by the Oklahoma Corporation Commission; and
  - 4. The requirements for licensing/registration authority as required by the Oklahoma Tax Commission.

Nothing contained in this Order shall be construed as an exemption from the Controlled Substance and Alcohol Use and testing requirements. (49 C.F.R. part 382),

the Commercial Driver License requirements (49 C.F.R. part 383), the Financial Responsibilities requirements (49 C.F.R. part 387), or any other portion of the regulations not specifically identified herein. Motor carriers that have an Out-of-Service Order in effect cannot take advantage of the relief from regulation that this declaration provided.

***This Order shall be effective until the end of thirty (30) days after the filing of this Order.***

Copies of this Executive Order shall be distributed to the Director of Emergency Management, the Oklahoma State Health Commissioner, the Commissioner of the Department of Public Safety, the Director of the Office of Management and Enterprise Services, the Oklahoma Tax Commission, the Oklahoma Corporation Commission who shall cause the provisions of this Order to be implemented by all appropriate agencies of State government.

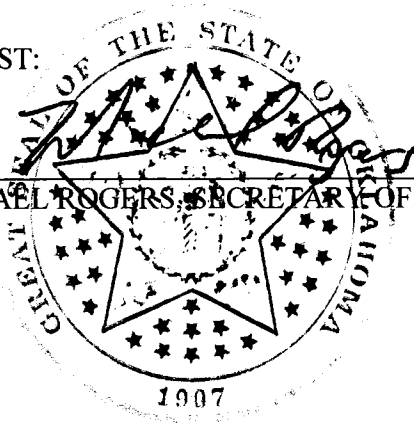
IN WITNESS WHEREOF, I have set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, this 16<sup>th</sup> day of April 2020.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA

  
\_\_\_\_\_  
J. KEVIN STITT

ATTEST:

  
\_\_\_\_\_  
MICHAEL ROGERS, SECRETARY OF STATE



# Exhibit 2





J. Kevin Stitt  
Office of the Governor  
State of Oklahoma

**FILED**

APR 16 2020

OKLAHOMA SECRETARY  
OF STATE

**EXECUTIVE DEPARTMENT  
EXECUTIVE MEMORANDUM 2020-02**

On April 15<sup>TH</sup>, 2020, the 2, 263<sup>rd</sup> case of a novel coronavirus (“COVID-19”), was confirmed in the State of Oklahoma. As noted in a previous Executive Order, the United States Centers for Disease Control and Prevention has identified the potential public health threat posed by COVID-19 as “high” both globally and in the United States. In addition, on March 14, 2020, the President of the United States declared a national health emergency in the United States as a result of the national spread of COVID-19. On March 15, 2020, I issued Executive Order 2020-07 (which was last amended by Eighth Amended Executive Order 2020-07 dated April 2, 2020) declaring an emergency caused by the impending threat of COVID-19 to the people of this State and the public’s peace, health, and safety. Further, on April 2, 2020, I declared a health emergency in the State of Oklahoma as defined in 63 O.S. § 6104 of the Oklahoma Statutes.

On April 16<sup>th</sup>, I issued the Second Amended Executive Order 2020-13 allowing elective surgeries to be reinstated on April 24, 2020. It is important to establish priorities for types of procedures to limit the spread of COVID-19 and make sure that limited personal protective equipment (PPE) is only consumed for the procedures that have higher impacts on morbidity and mortality. Therefore, while the following guidance is subject to individual institutions’ availability of personal protective equipment, it shall be utilized when elective surgeries are performed:

**Elective Surgery Acuity Scale (ESAS)**

Tiers	Definition	Locations	Examples	Status
Tier 3a	<b>High acuity surgery healthy patient</b>	Hospital	Most cancers. Highly symptomatic patients	Not impacted by EO (allowable currently)
Tier 3b	<b>High acuity surgery unhealthy patient</b>	Hospital		Not impacted by EO (allowable currently)
Tier 2a April 24	<b>Intermediate acuity surgery healthy patient</b> - Not life threatening but potential for future morbidity and mortality. Requires in hospital stay	HOPD, ASC, Hospital with low/no COVID-19 census	Low risk cancer Non urgent spine Ureteral colic	Allowable April 24
Tier 2b	<b>Intermediate acuity surgery unhealthy patient</b>	HOPD, ASC, Hospital with low/no COVID-19 census		Allowable April 24
Tier 1a May 1	<b>Low acuity surgery healthy patient</b> - Outpatient surgery Not life-threatening illness	HOPD, ASC, Hospital with low/no COVID-19 census	Carpal tunnel release, prosthesis, EGD, Colonoscopy	Allowable May 1
Tier 1b	<b>Low acuity surgery unhealthy patient</b>	HOPD, ASC, Hospital with low/no COVID-19 census		Allowable May 1

**HOPD** – Hospital Outpatient Department **ASC** – Ambulatory Surgery Center

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CMS has also provided the following key considerations for providers when proceeding with a non-essential (elective) treatment or procedure.

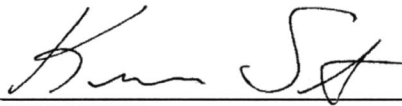
Key considerations:

- Current and projected COVID-19 cases in the community and region
- Ability to implement telehealth, virtual check-ins, and/or remote monitoring
- Supply of personal protective equipment available at the practice location and in the region
- Staffing availability
- Medical office/ambulatory service location capacity
- Testing capability in the local community
- Health and age of each individual patient and their risk for severe disease
- Urgency of the treatment or service

If the decision is made to lift the moratorium on elective procedures, providers should abide by the tiered approach to procedures as outlined within the Elective Surgery Acuity Scale (ESAS) and require a COVID-19 test as a portion of the pre-operation process.

IN WITNESS WHEREOF, I have set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, this 16<sup>th</sup> day of April, 2020.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA



J. KEVIN STITT

ATTEST:



MICHAEL ROGERS, SECRETARY OF STATE

