

## MEMORANDUM

*To:* Governors' Offices  
*From:* National Governors Association  
*Re:* Overview of Federal and State Liability Protections and Immunities  
*Date:* April 6, 2020

### **Executive Summary**

As governors continue to use executive action to respond to COVID-19, states are considering ways to protect individuals and entities from liability when carrying out emergency response efforts. By ensuring certain liability safeguards for health care workers, first responders, and other key sectors, states can help facilitate the full deployment of critical life-saving activities. Federal and state laws offer a wide range of liability protections and immunities for certain actors. These protections are reinforced during emergencies and may be expanded through executive action. The purpose of this memorandum is to (1) provide an overview of federal and state liability frameworks, (2) highlight liability protections enacted in response to COVID-19, and (3) briefly discuss potential issues for consideration alongside additional resources for state reference.

This memorandum is for the sole and exclusive use of the members of the National Governors Association and gubernatorial staff. It is intended to provide references to state and federal statutes, regulations, executive orders, and other resources that are currently in the public domain. NGA conducted independent research and consulted with leading legal experts on the issues raised in this memorandum.<sup>1</sup> This research memorandum is not legal advice. Definitions of legal terms and terminology vary from state to state. States should consult their legal counsel and Attorney General's office and reference relevant statutes and case law for state-specific procedures and guidance.

### **Overview of Federal and State Liability Protections**

Given the nature of emergencies, questions about liability—that is, findings of legal responsibility for an act or failure to act—regularly arise.<sup>2</sup> Government employees, volunteers, and health care professionals, as well as businesses and nonprofits, undertake actions that may put them at additional risk of liability during an emergency due to rapid decision-making, unprecedented scenarios, etc.<sup>3</sup> Because of this, federal and state protections against liability have been created to address the concerns of volunteers and others involved in emergency responses. These protections also serve an important public policy function: they ensure that there are adequate numbers of medical, public health, and other individuals and institutions who are willing and able to participate in response efforts.<sup>4</sup> Ultimately, actions to expand liability protections during emergencies balance broad public health and welfare objectives (i.e., ensuring actors do not refrain from acting due to liability fears) with still holding actors liable for unlawful actions.

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<sup>1</sup> NGA would like to extend our thanks and appreciation to Professor James G. Hodge, Jr. for his consultations and writings in support of this memorandum. Professor Hodge is the Peter Kiewit Foundation Professor of Law at the Sandra Day O'Connor College of Law, the Director of the Center for Public Health Law and Policy at Arizona State University, and the Director of the Network for Public Health Law (NPHL) - Western Region Office.

<sup>2</sup> The Association of State and Territorial Health Officials (ASTHO), [Liability Issues in Emergencies Factsheet](#), *Emergency Authority & Immunity Toolkit* (2012).

<sup>3</sup> *Id.*

<sup>4</sup> The Association of State and Territorial Health Officials (ASTHO), [Immunity Issues in Emergencies Factsheet](#), *Emergency Authority & Immunity Toolkit* (2012).

In almost all instances, an employee of a government agency will be protected from personal liability for injuries that result from his or her performance of job duties.<sup>5</sup> This does not extend to situations in which the employee is acting outside the scope of their job, if the actions were unlawful, or if the actions amounted to gross negligence or willful misconduct. Protections available to government employees may also be extended to non-government actors. For example, the federal government and many state governments have laws that deem persons who volunteer to assist in a government project, such as disaster relief, to be considered temporary government employees for the duration of that effort.<sup>6</sup> This ensures that those volunteers will receive the same protections from liability that regular government employees possess.

Liability differs depending on the actor—that is, whether it is an individual or entity—and whether the individual/entity is public or private. Additionally, various federal and state statutes extend liability protections to different actors depending on whether an emergency declaration has been made at the federal or state level.<sup>7</sup> These various laws form a patchwork of liability protections. Furthermore, these protections can be highly dependent on the nature of the services provided by the person (volunteer vs. paid employee) and the extent of protections provided under the program in which the person is participating.<sup>8</sup> The set of tables in **Appendix A** illustrate the scope of federal and state protections available for certain actors during non-emergencies and declared emergency events. **Appendix B** summarizes key federal and state liability protection statutes including federal/state sovereign immunity, the Volunteer Protection Act, the Public Readiness and Emergency Preparedness Act (PREP), State Healthcare Volunteer Protection Statutes, State Good Samaritan Laws, and the Emergency Management Assistance Compact.<sup>9</sup>

### **Federal COVID-19 Liability Protection Landscape**

On March 27, President Donald Trump signed H.R. 748, the “Coronavirus Aid, Relief and Economic Security Act” (CARES Act) into law.<sup>10</sup> This new law includes Good Samaritan language that provides additional federal liability protections for volunteer health care professionals during the COVID-19 emergency response (see section 3215).<sup>11</sup> It also clarifies that physicians and other health care professionals who provide volunteer medical services during the public health emergency related to COVID-19 shall not be liable for providing such services that relate to the diagnosis, prevention or treatment of COVID-19 or the assessment or care of a patient related to an actual or suspected case of COVID-19.<sup>12</sup> Limited exceptions apply for such things as gross negligence, criminal misconduct, and providing care while intoxicated. These protections preempt state and local laws that are inconsistent with the CARES Act.<sup>13</sup> However, state laws that provide greater liability protections are not preempted.<sup>14</sup>

As noted in Appendix B, the PREP Act provides broad immunity protections to health care professionals who administer or use countermeasures covered by declarations issued by the

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<sup>5</sup> Nan D. Hunter, *The Law of Emergencies* (2009).

<sup>6</sup> *Id.*

<sup>7</sup> The Network For Public Health Law, [Table - Legal Liability Protections For Emergency Medical/Public Health Responses](#) (February 20, 2017).

<sup>8</sup> The Association of State and Territorial Health Officials (ASTHO), [Immunity Issues in Emergencies Factsheet](#), *Emergency Authority & Immunity Toolkit* (2012).

<sup>9</sup> *Id.*

<sup>10</sup> [H.R. 748](#), 116<sup>th</sup> Cong. (2020).

<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

<sup>13</sup> American Medical Association (AMA), [Liability Protections for Health Care Professionals During COVID-19](#) (accessed April 4, 2020).

<sup>14</sup> *Id.*

Secretary of Health and Human Services (HHS). On March 17, HHS Secretary Azar issued such a declaration, applying immunity protections to physicians and other health care professionals who administer or use such countermeasures as antiviral medications, other drugs, biologics, vaccines, diagnostics and/or devices (e.g., COVID-19 testing and respiratory therapy) to treat, diagnose, cure, prevent or mitigate COVID-19 or the transmission of a virus mutating therefrom.<sup>15, 16</sup>

Further, on March 24, Secretary Azar sent a letter to all governors with recommendations to expand the healthcare workforce capacity to respond to the pandemic.<sup>17</sup> The letter encourages states to consider allowing out-of-state health professionals to join response efforts, modifying regulations to allow for medical students to assist, relaxing scope of practice requirements and other standards to expand telemedicine, and other key strategies to boost workforce capacity. An enclosure with additional guidance was also included in outreach to governors.<sup>18</sup> Further, it calls upon states to modify or temporarily rescind state medical malpractice policy that may impact workers' coverage in another state. As the response to COVID-19 becomes more focused on healthcare, policies enacted by state health departments will greatly aid with expanding the capacity of the healthcare system.

### **State COVID-19 Liability Protection Actions**

In addition to federal action, states are also providing liability and immunity protections for in-state and out-of-state health professionals, absent gross negligence or willful misconduct. These actions are implemented in conjunction with a variety of other health executive actions to ensure the continuity of critical health services (e.g., temporary licensure changes, relaxing of telemedicine restrictions).<sup>19, 20</sup> As mentioned, each state has unique statutory authorities invoked through emergency declarations and emergency orders. Some of these actions include the following:

- Governor Cuomo of [New York](#) issued an executive order on March 23 which makes physicians, physician assistants, specialist assistants, nurse practitioners, licensed

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<sup>15</sup> [Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19](#), 85 Fed. Reg. 15198 (March 17, 2020).

<sup>16</sup> Additionally, on March 18, President Donald Trump signed [H.R. 6201](#), the “Families First Coronavirus Response Act into law. This new law allows for certain personal respiratory protective devices to be treated as covered countermeasures under the PREP Act for the purposes of emergency use during the COVID-19 outbreak and ending October 1, 2024.

<sup>17</sup> Letter from Alex M. Azar II, Secretary of Health and Human Services (March 24, 2020), *available at* <https://www.aau.edu/sites/default/files/AAU-Files/Key-Issues/Campus-Safety/GovernorLetterfromAzarMarch24.pdf>.

<sup>18</sup> Guidance to States, Lifting Restrictions to Extend the Capacity of the Health Care Workforce during the COVID-19 National Emergency (March 24, 2020), *available at* <https://www.midwife.org/acnm/files/cclibraryfiles/filename/00000007821/HHS%20Governors%20Scope%20Guidance%20COVID.pdf>.

<sup>19</sup> For more information, please see NGA memoranda on [Gubernatorial Strategies for Telehealth](#), [Overview of Section 1135 and Section 1115 Waivers](#), and [Gubernatorial Strategies for Health Care Workforce and Facility Capacity](#). At least 33 states (including [Arizona](#), [California](#), [Florida](#), [Louisiana](#), [Mississippi](#), [North Carolina](#), [Tennessee](#), and [Washington](#)) have taken steps related to licensure, reciprocity, and credentialing of health care providers to leverage more health care workers in responding to increased health care demand within and across states.

<sup>20</sup> The Association and American Medical Colleges published a chart outlining licensure changes for in-person telemedicine and other licensure changes, available here: [https://www.aamc.org/system/files/2020-03/hca-COVID-19%20Response%20Temporary%20Licensure%20Chart%203\\_26.pdf](https://www.aamc.org/system/files/2020-03/hca-COVID-19%20Response%20Temporary%20Licensure%20Chart%203_26.pdf) (last updated March 21, 2020).

- registered professional nurses and licensed practical nurses immune from liability with the exception of injury or death caused by gross negligence.<sup>21</sup>
- The [Delaware](#) Department of Health and Social Services and the Delaware Emergency Management Agency issued a joint order on March 24 recruiting out-of-state and retired providers, and limiting their liability. The order categorizes these providers as public employees, which protects them from liability as long as they are not found to be grossly negligent.<sup>22</sup>
  - The [Colorado](#) Department of Labor and Employment adopted emergency rules on March 26 pursuant to Governor Polis' state of disaster emergency to ensure that "the conduct and management of the affairs and property of each hospital, physician, health insurer or managed health care organization, health care provider, public health worker, or emergency medical service provider shall be such that they will reasonably assist and not unreasonably detract from the ability of the state and the public to successfully control emergency epidemics that are declared a disaster emergency. Such persons and entities that in good faith comply completely with board of health rules regarding the emergency epidemic and with executive orders regarding the disaster emergency shall be immune from civil or criminal liability for any action taken to comply with the executive order or rule."<sup>23</sup>
  - Governor Pritzker of [Illinois](#) issued an executive order on April 1 defining "healthcare facility," "healthcare professional," and "healthcare volunteer" and providing immunities to such entities and individuals in their COVID-19 response activities.<sup>24</sup>
  - Governor Murphy of [New Jersey](#) issued an executive order on April 1 outlining a number of public health directives including liability immunity and protections for individuals holding or temporarily holding a license, certificate, registration or certification to practice a healthcare profession or occupation. Such immunities also apply to healthcare facilities. These immunities apply to acts or omissions occurring any time during the State of Emergency or Public Health Emergency.

### **Potential Issues for State Consideration**

The area of liability law is not only complex, but also often very fact specific. These complexities are exacerbated during emergency times which require rapid decision-making and perhaps unprecedented scenarios. Some potential issues for states to consider include:

- **Ensuring Liability Protections for Health Care Workers/Entities.** States should review statutory authorities to determine whether liability protections are afforded to volunteer and paid healthcare workers and entities in existing laws or if executive action needs to be taken to expand immunities. The same analysis should be applied to individuals with expired licenses, out-of-state licenses, etc. depending on state specific action.
- **Expanding Liability Protections for Non-Health Care Workers.** As additional industries and individuals support COVID-19 responses activities, states should consider how executive action may be used to expand liability protections. For example, public and private Emergency Medical Services (EMS), law enforcement, and fire departments face additional liability risks during emergencies based on entity and employee failures. Sovereign immunity (which protects a state and its agencies from civil suits unless the state

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<sup>21</sup> Exec. Order No 202.10, [Continuing Temporary Suspension and Modification of Laws Relating to the Disaster Emergency](#) (March 23, 2020).

<sup>22</sup> [Joint Order Department of Health and Social Services and the Delaware Emergency Management Agency](#) (March 24, 2020).

<sup>23</sup> 7 CCR 1103-10, [Colorado Health Emergency Leave with Pay](#), Colorado Department of Labor and Employment (March 26, 2020).

<sup>24</sup> COVID-19 Exec. Order 2020-19, [Executive Order in Response to COVID-19 No. 17](#) (April 1, 2020).

consents to being sued), the PREP Act, statutory limitations, and emergency laws provide numerous liability protections for EMS providers.<sup>25</sup> Additionally, existing legal protections for EMS personnel may be enhanced by provisions in emergency laws, changes in legal standards of care (e.g., transition to crisis standards of care), and Good Samaritan laws that may apply during declared emergencies.<sup>26</sup> Sovereign immunity also applies to the National Guard, with many states codifying such liability immunities in statute.<sup>27</sup>

- **Accounting for Crisis Standards of Care.** In crisis, when essential resources become scarce, healthcare workers may have to shift the standard of care to emphasize the needs of the community, while still providing the best possible individual-level care.<sup>28</sup> As described by the Network for Public Health Law, when operating under a crisis standard of care, a health care worker’s “decisions or action that might normally constitute negligence in routine care may not as likely be viewed as negligent in an emergency (unless their actions are grossly negligent or involve wanton, willful, or reckless conduct).”<sup>29</sup> On March 17, HHS’ Technical Resources, Assistance Center, and Information Exchange (TRACIE) prepared a technical assistance response specifically addressing crisis standards of care.<sup>30</sup> The response includes resources and feedback from subject matter experts on developing a framework and potential strategies. The COVID-19 section of the TRACIE website also includes a COVID-19 planning checklist templates for drafting crisis plans, decision making tools, and relevant research.<sup>31, 32</sup>
- **Failure to Plan/Train.** State officials should consider potential liability precautions for any mistakes made in carrying out a response plan or insufficient planning/preparation (particularly where government officials are statutorily required to act under state or local law).<sup>33</sup>

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<sup>25</sup> James G. Hodge, Jr. et. al., [Emergency Medical Services & Medical Surge: Essential Legal Issues](#).

<sup>26</sup> *Id.*

<sup>27</sup> For example, see [Arizona](#), [Delaware](#), [Minnesota](#), [Nebraska](#), and [Wisconsin](#).

<sup>28</sup> The Network for Public Health Law, [FAQ: Crisis Standards of Care and Health Provider Liability](#) (March 23, 2020).

<sup>29</sup> *Id.*

<sup>30</sup> [Crisis Standards of Care and Infectious Disease Planning](#), Technical Resources, Assistance Center, and Information Exchange (TRACIE), Assistant Secretary of Preparedness and Response (ASPR), Department of Health and Human Services (March 17, 2020).

<sup>31</sup> [COVID-19 Health Care Planning Checklist](#), Technical Resources, Assistance Center, and Information Exchange (TRACIE), Assistant Secretary of Preparedness and Response (ASPR), Department of Health and Human Services (accessed on April 6, 2020).

<sup>32</sup> Please see the following state examples related to COVID-19 crisis standards of care: The [Minnesota](#) Department of Health (MDH) Standards of Care framework was updated February 25, 2020 and includes an ethical framework for making crisis care decisions and provides guidance for health facilities on shifting from conventional care to crisis care. MDH outlines “triggers” that allow them to activate the plan in the state. Examples of triggers include but are not limited to an inability to maintain staffing, emergency room wait times of longer than 12 hours, and scarcity of space and/or material resources for care. In addition to their framework, MDH also developed [scarce resource cards](#) for providers, a strategy that other states have adapted for crisis care. Other resources specifically for health facilities can be found [here](#). The Colorado Governor’s Expert Emergency Epidemic Response Committee updated the state’s Crisis Standards of Care [documents](#) on April 5, 2020, which will be used to update a full plan. Guidelines were originally developed in 2018 and are being updated to more specifically address COVID-19 specific issues. Pennsylvania DOH released [interim guidelines](#) related to COVID. The intro says that this was supposed to be on a longer timeline but was fast tracked to include COVID specific considerations.

<sup>33</sup> [Selected Statutory and Regulatory Health Care Liability Protections in Emergencies](#), Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response (March 21, 2012).

### **Additional Resources**

- [Legal Liability Protections for Emergency Medical/Public Health Responses](#) (Source: The Network for Public Health Law)
- [Webinar on COVID-19: Crisis Standards of Care—Guidance for Health Care Systems and Providers](#) (Source: The Network for Public Health Law)
- [FAQ: Crisis Standards of Care and Health Provider Liability](#) (Source: The Network for Public Health Law)
- [Liability Issues in Emergencies: Fact Sheet](#) (Source: Association of State and Territorial Health Officials)
- [Immunity Issues in Emergencies: Fact Sheet](#) (Source: Association of State and Territorial Health Officials)
- [Selected Legal Issues of Concern to Health Care Practitioners and Entities Responsible for Emergency Preparedness](#) (Source: [Legal Issues in Emergencies](#))
- [Selected Statutory and Regulatory Health Care Liability Protections in Emergencies](#) (Source: [Legal Issues in Emergencies](#))
- [State Sovereign Immunity and Tort Liability in All 50 States](#) (Source: Matthiesen, Wickert & Lehrer Attorneys at Law)
- [Responders' Responsibility: Liability and Immunity in Public Health Emergencies](#) (Source: Sharona Hoffman, Georgetown Law Journal)
- [Emergency Medical Services & Medical Surge: Essential Legal Issues](#) (Source: The Oak Ridge Associated Universities)
- [Expanding the Roles of Emergency medical Services Providers: A Legal Analysis](#) (Source: ASU Public Health Law and Policy Program)

### **Conclusion**

Governors continue to exercise executive power to respond to COVID-19. These actions include expanding liability protections and immunities for health care workers and others involved in critical emergency response activities. NGA will continue to track this issue and compile lessons learned from state officials and legal experts.

**Appendix A**

**Scope of Actors and Federal/State Liability Protections**

*Please note the below tables are adapted from the Network for Public Health Law's  
[Legal Liability Protections for Emergency Medical/Public Health Responses](#)*

<b>Scope of Actors</b>	
<i>Liability Protections/Immunities are dependent on:</i>	
<ol style="list-style-type: none"> <li>1. Whether the individual/entity is a federal or state actor; and</li> <li>2. Whether a declared state of emergency exists.</li> </ol>	
<b>Individuals</b>	<b>Entities</b>
<ul style="list-style-type: none"> <li>• Licensed health care workers</li> <li>• Non-licensed health care workers</li> <li>• Volunteer</li> <li>• Private sector employees</li> <li>• Public employees</li> </ul>	<ul style="list-style-type: none"> <li>• Government agency</li> <li>• Hospital/health care entity</li> <li>• Nonprofit entity</li> <li>• For-profit entity</li> </ul>

<b>Scope of Federal Protections</b>	
<i>(dependent on individual or entity actor)</i>	
<b>Non-Declaration Event</b>	<b>Declared Emergency Event</b>
<ul style="list-style-type: none"> <li>• Public Readiness and Emergency Preparedness Act</li> <li>• Federal Tort Claims Act</li> <li>• Public Health Service Indemnifications</li> <li>• Federal Volunteer Protection Act</li> <li>• Qualified Immunity for federal officials</li> <li>• Stafford Act Protections</li> <li>• Sovereign Immunity for government agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Public Readiness and Emergency Preparedness Act</li> <li>• Federal Tort Claims Act</li> <li>• State Tort Claims Acts</li> <li>• National Disaster Medical System</li> <li>• Volunteer Medical Reserve Corps</li> <li>• Federal Volunteer Protection Act</li> <li>• Qualified Immunity for federal officials</li> <li>• Stafford Act Protections</li> <li>• Sovereign Immunity for government agencies</li> </ul>

<b>Scope of State Protections</b>	
<i>(dependent on individual or entity actor)</i>	
<b>Non-Declaration Event</b> <i>(varies by state enactment)</i>	<b>Declared Emergency Event</b> <i>(varies by state enactment)</i>
<ul style="list-style-type: none"> <li>• Good Samaritan Laws</li> <li>• State Tort Claims Acts</li> <li>• Immunities for First Responders</li> <li>• State Volunteer Protection Acts</li> <li>• Sovereign Immunity for government agencies</li> <li>• Actions via government contracts (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• Good Samaritan Laws</li> <li>• State Tort Claims Acts</li> <li>• Immunities for First Responders</li> <li>• State Volunteer Protection Acts</li> <li>• Emergency Management Assistance Compact</li> <li>• Model State Emergency Health Powers Act</li> <li>• Communicable Disease Control Acts</li> <li>• Uniform Emergency Volunteer Health Practitioners Act</li> <li>• Retiree/Inactive Licensee Laws</li> <li>• Emergency Services Acts</li> <li>• Disaster Preparedness Laws</li> <li>• Emergency Management Acts</li> <li>• Sovereign Immunity for government Agencies</li> <li>• Actions via government contracts (if applicable)</li> </ul>

**Appendix B**  
**Key Federal and State Liability Protection Statutes**

*Please note these summaries are excerpted from the Association of State and Territorial Health Officials' (ASTHO) Emergency Authority and Immunity Toolkit, [Immunity Issues in Emergencies Factsheet](#)*

*Federal Liability Protections and Immunities*

- **Federal Governmental/Sovereign Immunity**: The federal government's sovereign immunity has its roots in English common law, which holds that the "king"—the state—cannot commit an illegal act and therefore cannot be sued. This doctrine has been modified through court decisions and the passage of the Federal Tort Claims Act to allow suits against federal government employees and agents in certain circumstances. In the context of emergency response, one way to protect volunteers is to designate them as unpaid employees of the federal government. In doing this, the volunteers would be able to assert the liability protections afforded to federal employees.
- **Volunteer Protection Act (VPA)**: The VPA provides immunity for ordinary negligence to volunteers of nonprofit organizations or governmental entities; it does not cover recklessness or gross negligence. The act does not require that an emergency declaration be in place for its protections to apply. VPA does not protect volunteers working in businesses (including for-profit hospitals) and organizational entities of any type (including nonprofit or governmental) that use volunteers. The act does not prohibit a nonprofit or governmental entity from suing its own volunteers.
- **Public Readiness and Emergency Preparedness Act (PREP Act)**: The PREP Act authorizes the HHS secretary to issue a declaration that provides immunity from tort liability for claims of loss caused by countermeasures (e.g., vaccines, drugs, products) against diseases or other threats of public health emergencies. A separate emergency determination under Public Health Service Act Section 319 or another statute is not required for PREP Act immunities to take effect. The act covers individual persons and entities involved in the manufacture, testing, distribution, administration, and use of covered countermeasures. The act does not protect against willful misconduct, violations of the Americans with Disabilities Act (ADA), or other civil rights violations.

*State Liability Protections and Immunities*

- **State Governmental/Sovereign Immunity**: State governments are immune from lawsuits under sovereign immunity conferred by the 11th Amendment of the U.S. Constitution. Like the federal government, some states have waived this immunity in certain circumstances through state tort claims or state claims acts. These acts generally immunize government employees from tort liability for acts or omissions committed within their scope of employment. Some states cap the amount of money damages available from a judgment against the state and prohibit the recovery of punitive damages against the state. Some states extend these protections to volunteers; other states declare volunteers to be unpaid state employees during an emergency.
- **Emergency Powers Statutes**: State emergency laws can trigger additional powers, suspend certain administrative requirements, and provide or enhance liability protections to specified responders upon a gubernatorial declaration of emergency. There is a wide range of types and degree of coverage provided to volunteers under emergency powers statutes. The provisions can be broad or duplicative of other provisions in state law.
- **State General Volunteer Protection Statutes**: All states have some statutory protections for volunteers. The federal VPA (see above) preempts state laws that are less protective than the VPA but allows states to pass laws with greater protections. Generally, like the VPA, these statutes do not require that an emergency declaration be in place, apply to



- uncompensated individual volunteers for nonprofit and governmental entities only, and apply only to individual persons and not to organizations.
- State Healthcare Volunteer Protection Statutes: Many states have also adopted specific liability protections for volunteer health professionals (VHPs) in addition to or to supplement their emergency powers and general volunteer protection statutes. Like the VPA, VHP protection statutes confer immunity from civil liability provided that certain conditions are met and are not dependent on the existence of an emergency declaration. Some states have adopted the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA), which is a uniform model law conceived as a way to further supplement the number of VHPs who can rapidly respond to emergency events, particularly since traditional mutual aid approaches were viewed as insufficient to rapidly deploy VHPs. UEVHPA permits health professionals to register either in advance of or during an emergency to provide volunteer services in an enacting state through a governmentally established registration system (e.g., Medical Reserve Corps), with registration systems established by disaster relief organizations or licensing boards, or national or multi-state systems established by associations of licensing boards or health professionals. UEVHPA liability protections become effective upon the state emergency declaration.
  - Good Samaritan Laws: Good Samaritan laws can provide liability protection to volunteers who are near an emergency event and respond to help victims. No formal emergency declaration or activation of the volunteer as part of an emergency response force is required for Good Samaritan liability protections to attach. Every state has a Good Samaritan statute, but the actors eligible for coverage and qualifying circumstances under which care is delivered varies. Generally, Good Samaritan statutes cover the spontaneous delivery of aid and reduce the standard of care that would normally be required of the person supplying aid (e.g., a doctor or nurse helping a victim at the scene of an accident) to account for the exigent circumstances in which the care is being delivered.
  - Entity Liability Statutes: While liability protections for organizations and entities are generally less robust than they are for individuals, some protections exist and more have been developed in recent years in acknowledgment of the important role that businesses and nonprofit organizations play during emergencies. Removing the potential for liability for entities that assist in an emergency response is an approach to ensure outside participation in a response. From a policy perspective, extension of liability protection can increase efficiencies and strengthen planning for and responding to an event. As such, some states have adopted entity liability protections that extend liability protections to cover business and nonprofit entities acting in good faith during a declared emergency.
  - Mutual Aid Agreements: Mutual aid agreements are mechanisms through which jurisdictions can provide assistance to other jurisdictions during emergencies. These agreements also generally include provisions for reimbursing expenses, providing liability protections to governmental personnel and volunteers who provide aid, and awarding compensation for injuries to personnel deployed under the agreement. The Emergency Management Assistance Compact (EMAC) is the most widely adopted mutual aid agreement in the United States and provides an organized structure through which a state can request aid from other states during an emergency. EMAC addresses reimbursement, liability, compensation, and licensure, among other issues. EMAC only applies to those persons properly dispatched in response to an EMAC request; immunity protections, compensation, and license reciprocity will not automatically extend to volunteers who provide services outside of EMAC. Volunteers would have to be made temporary government employees to be covered under EMAC.