



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Bill J. Crouch  
Cabinet Secretary**

**March 26, 2020**

On March 16, 2020, Governor Jim Justice issued a Proclamation declaring a State of Emergency in West Virginia due to the COVID-19 outbreak, and, among other things, delegating certain administrative powers to the Department of Health and Human Resources (DHHR), as necessary, to facilitate the provision of essential emergency services to alleviate the potential impacts to the people, property, and infrastructure of West Virginia that may be caused by this outbreak. On March 23, 2020, Governor Justice issued Executive Order No. 9-20 declaring and ordering that all West Virginia residents to stay at home unless obtaining non-elective medical care and treatment and other vital services. As the provision of health care is considered an essential business under the terms of E.O. No. 9-20, and pursuant to the authority delegated to the DHHR by the March 16, 2020, Proclamation, the following directives are in place until such time as the State of Emergency is lifted:

Social distancing measures have been recommended and ordered by state and federal authorities as a necessary means to limit and contain the spread of the COVID-19 infection. As a consequence of these orders:

1. All non-emergent, non-urgent in-person medical, surgical, dental, and any other health care practice or procedure must have immediately ceased effective at 8 p.m. March 24, 2020.
2. The State of West Virginia relies upon licensed health care professionals within the state to exercise their best clinical judgment in the implementation of this restriction.
3. To assist licensed health care professionals in the exercise of their judgment, the following guidelines are offered:
  - a. Emergent – Any health care service that, were it not provided, is at high risk of resulting in serious or irreparable harm, or both, to a patient if not provided within 24 hours.
  - b. Urgent – Any health care service that, were it not provided, is at high risk of resulting in serious or irreparable harm, or both, to a patient if not provided within 24 hours to 30 days.
  - c. Non-urgent – Any health care service that, were it not provided, is unlikely to result in any serious or irreparable harm, or both, to a patient if not provided for more than 30 days.
4. When considering the above guidance, clinicians are urged to consider whether the service provided would still be retrospectively deemed necessary if the patient (or close contact of the patient) were to become infected by COVID-19 as a result and suffer serious or irreparable harm, or both, as a result.
5. Under all circumstances where clinically possible, use of telephonic or video communication to provide telemedicine services is strongly urged. Medicare and

Medicaid have waived<sup>1</sup> typical telemedicine and HIPAA requirements and you may even use non-HIPAA compliant video services such as FaceTime, Skype, and others during the current State of Emergency.

All health care providers are instructed to follow these recommendations when considering what procedures to cancel. This directive becomes effective at 8 p.m., March 25, 2020.

DHHR will continue to provide information and updates to health care providers for the duration of the State of Emergency.

Signed,



Bill J. Crouch, Cabinet Secretary

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<sup>1</sup> See <https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>. See also [https://dhhr.wv.gov/bms/Pages/Coronavirus-Disease-2019-\(COVID-19\)-Alerts-and-Updates.aspx](https://dhhr.wv.gov/bms/Pages/Coronavirus-Disease-2019-(COVID-19)-Alerts-and-Updates.aspx)