J. Kevin Stitt
Office of the Governor
State of Oklahoma

FILED
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OKLAHOMA SECRETARY OF STATE

EXECUTIVE DEPARTMENT
EXECUTIVE MEMORANDUM 2020-02

On April 15TH, 2020, the 2, 263rd 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 16th, 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	**High acuity surgery healthy patient**	Hospital	Most cancers. Highly symptomatic patients	Not impacted by EO (allowable currently)
Tier 3b	**High acuity surgery unhealthy patient**	Hospital		Not impacted by EO (allowable currently)
Tier 2a April 24	**Intermediate acuity surgery healthy patient-** 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	**Intermediate acuity surgery unhealthy patient**	HOPD, ASC, Hospital with low/no COVID-19 census		Allowable April 24
Tier 1a May 1	**Low acuity surgery healthy patient-** 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	**Low acuity surgery unhealthy patient**	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 16th day of April, 2020.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA

J. KEVIN STITT

ATTEST:

MICHAEL ROGERS, SECRETARY OF STATE