



The Biden Administration has released a number of resources to help clinicians understand the changes to the health care rules and regulations affected as policymakers shift out of the most acute phase of the COVID-19 pandemic, with most flexibilities and waivers announced for termination on May 11.

Flexibilities and waivers are rooted in several Federal emergency mechanisms, each of which carries different implications. The COVID-19 flexibilities and waivers that IDSA members have practiced under during the pandemic are the result of several different “emergency” vehicles:

- [*The National Emergencies Act*](#)
- [*The Robert T. Stafford Disaster Relief and Emergency Assistance Act*](#) (“The Stafford Act”)
- [*Public health emergency \(PHE\) declarations under the Public Health Service Act*](#)

While a recently passed Congressional resolution ([H. J. Res. 7](#)) directs an immediate end to the COVID-19 emergency, this resolution *only* affects the emergency declaration under *The National Emergencies Act*. Most flexibilities and waivers of interest to IDSA members were based in the authorities under *The Stafford Act* and the PHE declaration and are thus unaffected by the recent Congressional resolution and will continue to operate under the May 11th timeline. A comprehensive table of guidance to the ending of the public health emergency can be found [here](#).

However, for those *Stafford Act* and PHE declaration flexibilities, the May 11th terminations are nearing. IDSA has created [a guide](#) to assist you with understanding the relevant flexibilities and waivers tied to the end of the PHE and Stafford Act emergency declarations.

Please contact Eli Briggs, IDSA director of public policy with any questions at ebriggs@idsociety.org.