



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

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Dear Colleagues:

We thank you, and all New York healthcare providers, for the life-saving efforts you made during the COVID-19 pandemic over the past three years. Since the first COVID-19 case was confirmed in New York State on March 1, 2020, we have learned and adapted, and overcome fear, stress, trauma, and exhaustion to provide care to the people of your communities. Nevertheless, COVID-19 variants continue to circulate as do other respiratory viruses (e.g., RSV, influenza, and enteroviruses).

It is important to highlight that COVID-19 is a treatable disease, and the standard of care is to evaluate a patient for treatment as clinically appropriate. It is expected that primary and ambulatory care clinics will evaluate and manage these patients in person, as clinically indicated. While telehealth is an appropriate and valuable setting of care for some patients, patients with suspected or confirmed COVID-19 and other respiratory illnesses should not be automatically triaged to telehealth for infection control purposes. These illnesses do not require specialized treatment settings, and there is no State requirement that patients with confirmed or suspected respiratory illnesses, including COVID-19, be excluded from primary and ambulatory care settings.

Ambulatory care settings should follow best practices for infection control, including COVID-19 infection control recommendations from the CDC: [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#). Please be sure clinic staff are trained in these best practices to properly protect themselves and their patients. Following infection control policies and procedures will diminish the risk of COVID-19 or other infection among healthcare personnel. CDC guidance addresses management of exposure risk and appropriate return to work policies: [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#).

Ambulatory care settings can test patients easily and rapidly with point-of-care tests for many respiratory diseases, including COVID-19, influenza, and RSV. In New York State, there are two programs that issue CLIA (Clinical Laboratory Improvement Amendments) certificates. Physician Office Laboratories (POLs) that are entirely owned and operated by a physician or group of physicians and perform laboratory tests, personally or through their own employees solely as an adjunct to the treatment of their own patients, can obtain certification through DOH's Physician Office Laboratory Evaluation Program. Application materials for POLs can be found at [Physician Office Laboratory Evaluation Program | New York State Department of Health, Wadsworth Center](#). All laboratories that do not fit the model of a POL would submit applications through the Clinical Laboratory Evaluation Program at [Clinical Laboratory Evaluation Program](#).

NYSDOH encourages patients to contact their ambulatory care providers when they develop illness because treatment is available. Patients with mild to moderate COVID-19 who may be at risk of developing more serious illness, including people aged 50 or older and those with chronic conditions such as obesity, diabetes, and hypertension, should be evaluated for appropriate treatment. Find additional information here: [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals | CDC](#).

Oral therapeutics Paxlovid and Lagevrio are now available to treat COVID-19. The National Institutes of Health recommends Paxlovid as first-line COVID-19 therapy, Remdesivir as second-line therapy, and Lagevrio as third-line therapy: [Nonhospitalized Adults: Therapeutic Management | COVID-19 Treatment Guidelines \(nih.gov\)](#). While the list of drug-drug interactions for Paxlovid is lengthy ([Drug-Drug Interactions Between Ritonavir-Boosted Nirmatrelvir \(Paxlovid\) and Concomitant Medications](#)), many of these medications can be decreased or stopped during the short treatment course of Paxlovid. The Infectious Disease Society of America (IDSA) developed recommendations for the top 100 prescribed medications to assist clinicians with management of medications while taking Paxlovid: [Management of Drug Interactions With Nirmatrelvir/Ritonavir \(Paxlovid®\): Resource for Clinicians \(idsociety.org\)](#). It is expected that healthcare providers will consider patients on a case-by-case basis, as with other diseases, and determine if treatment is indicated.

As we begin our fourth year of circulation of the SARS-CoV-2 virus along with other respiratory viruses, ambulatory and primary care settings should be available and accessible to evaluate and treat patients.

Please consider these best practices:

- Use routine visits to help manage and educate patients on their current and future risks.
- Promote prevention by encouraging patients to stay up to date with all recommended vaccines including influenza and COVID-19.
- Maintain vaccines on site to provide to patients as needed.
- While patients with suspected or confirmed COVID-19 and other respiratory illnesses should not be automatically triaged to telehealth for infection control purposes, telehealth is an appropriate setting of care for some patients.
- Understand the effect [Long COVID](#) is having on patients' daily lives and functioning.
- Make informed treatment decisions for each patient based upon their specific risk and your clinical expertise.

While all patients should have access to ambulatory or primary care settings, the New York State Department of Health offers a free hotline for individuals who test positive for COVID-19 and lack a healthcare provider or are unable to connect with their healthcare provider. All New Yorkers outside New York City who test positive for COVID-19, regardless of income or health insurance coverage, are eligible to be evaluated for treatment by calling **1-888-TREAT-NY** (888-873-2869) or completing an online virtual urgent care visit at [NYS COVID-19 ExpressCare Therapeutics Access website](#). This service is intended to ensure that all New Yorkers have equitable and timely access to COVID-19 treatments as medically appropriate.

Integrating patient visits, diagnostics, and treatments for COVID-19 into our ambulatory and primary care practices is essential to caring for people with COVID-19 as we enter our fourth year with this virus. Thank you for all you do to keep New Yorkers healthy and safe.

Sincerely,



James V. McDonald, M.D., M.P.H.
Acting Commissioner

Additional resources:

[Information for Healthcare Providers | Department of Health \(ny.gov\)](#)

[01/26/2023 - Updates on COVID-19 Treatment Recommendations \(ny.gov\)](#)

[COVID-19 Treatments and Medications | CDC](#)

[COVID-19 Therapeutics Decision Aid \(hhs.gov\)](#)

[Side-by-Side Overview of Therapeutics Authorized or Approved for the Prevention of COVID-19 Infection or Treatment of Mild to Moderate COVID-19 \(hhs.gov\)](#)

[Federal Response to COVID-19: Therapeutics Clinical Implementation Guide. Outpatient Administration Guide for Healthcare Providers \(hhs.gov\)](#)

[EUA 105 Pfizer Paxlovid DHCP Letter Aug 2022 \(fda.gov\)](#)

[PAXLOVID Patient Eligibility Screening Checklist and Drug Interaction Tool 02012023 \(fda.gov\)](#)

[Prescriber Checklist for Molnupiravir 02012023 \(fda.gov\)](#)

[COVID-19 Therapeutics Locator \(arcgis.com\)](#)