

Collaborating for a New Century in Public Health

A National Program Supported by The Robert Wood Johnson and W.K. Kellogg Foundations

Public Health Statute Modernization Collaborative

Alaska Turning Point Deborah Erickson, BS, Chair Cheryl Kilgore, BA

Colorado Turning Point Denise Hase, CPA Averil Strand, MSN

Nebraska Turning Point David Palm, PhD Mary Munter, RN, BSN

Oregon Turning Point Kathryn Broderick, MPA Tom R. Engle, RN, MN Grant Higginson, MD, MPH Jerry Street, MPA

Wisconsin Turning Point Terry Brandenburg, MBA, MPA Stephen Braunginn, BS, MA Elizabeth Zelazek, RN, MS

Turning Point National Program Office Ray (Bud) Nicola, MD, MHSA

American Public Health Association Barbara Hatcher, RN, MPH, PhD

Association of State and Territorial Health Officials Kevin E. Charles, BA

National Association of County & City Health
Officials
Donna Brown, JD, MPH
Douglas Nelson, MSW

National Association of Local Boards of Health Lee K. Allen, MCPO USN (RET) Vaughn Upshaw, DrPH, EdD

National Governors Association Joan Henneberry, MS

National Conference of State Legislatures
Tracey Hooker, MSHA
Lisa Speissegger, BS

FEDERAL AGENCY LIAISONS

Centers for Disease Control and Prevention Heather Horton, JD, MHA Anthony Moulton, PhD

Health Resources & Services Administration Karen Thiel, PhD

Advisors

Guthrie S. Birkhead, MD, MPH Kristine Gebbie, DrPH, RN James Pearson, DrPH Nancy Thomann, MPH Teresa Wall, MPH Robert Wallace, MD

CONSULTANTS

Lawrence Gostin, JD, LLD (Hon) James Hodge, Jr., JD, LLM Myra Munson, JD, MSW

LEAD STATE COORDINATOR

Patricia Nault, MPA
Alaska Division of Public Health
P. O. Box 110610
Juneau, AK 99811-0610
(907) 465-8617
FAX (907) 465-8637
Patricia Nault@health.state.ak.us

PUBLIC HEALTH LAWS ACROSS THE COUNTRY

September 19, 2003

Public health laws are vital during emergency as well as everyday situations to maintain the public's safety and well-being. However, many public health laws at the state, local and tribal levels in this country are antiquated, ineffective, and insufficient for addressing modern public health needs. For example:

- Many public health laws have been built in layers during the 20th century in response to specific diseases or health threats. Some public health laws have separate sections for specific communicable diseases (TB, HIV, etc.) instead of standard approaches for addressing infectious disease. The need for updated laws was highlighted when SARS hit the United States. Some states' disease-specific laws were illequipped to deal with new threats. In one state, the state legislature had to quickly approve a measure to include SARS in a law outlining quarantine authority.
- Some public health laws do not clearly define responsibilities and powers in the public health system. In some states, laws that address the roles and responsibilities of local governments do not define the extent of public health powers. Conversely, many states' statutes give broad discretionary power to public health departments and boards without due process. Some states' laws authorize state health departments to quarantine people whenever officials determine it is necessary, providing very little guidance on the factors necessary for quarantines.
- Some current public health laws do not reflect advances in public health science and practice, relying on outdated public health practices that may not be as effective in dealing with modern disease threats. In one state, public health laws suggest that confinement is the first action that must be taken for people who refuse to accept treatment for a communicable disease. Today, many interventions other than confinement are considered to be more appropriate and less intrusive to civil liberties.
- Some current public health laws may not reflect modern concepts in constitutional law. Many existing state laws predate advances in constitutional law around civil liberties, including privacy and anti-discrimination.
- Public health laws are inconsistent within and among states. This inconsistency creates problems when communicable diseases cross state lines. For example, public health and wildlife officials contend that the wide variety of state laws is partially to blame for the monkeypox outbreak in the Midwest.

"Public health law at the federal, state and local levels is often outdated and internally inconsistent...Public health law must be reformed so that it conforms to modern scientific and legal standards, is more consistent within and among states and is more uniform in its approach to different health threats." -- Institute of Medicine, "The Future of the Public's Health in the Twenty-first Century," 2002.

For more information on the Collaborative visit www.hss.state.ak.us/dph/improving/turningpoint/MSPHA.htm or www.turningpointprogram.org

TURNING POINT: COLLABORATING FOR A NEW CENTURY IN PUBLIC
HEALTH