Briefing on Turning Point and Public Health Law Reform

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Purpose

- Introduce Turning Point
- Role of the Office of Public Health Preparedness (OPHP)
- Role of the Michigan Association for Local Public Health (MALPH)
- Engage you in the policy development process.
Objectives

- Awareness of Turning Point Collaborative Initiatives
- Familiarity with the Turning Point Model State Public Health Act.
- Understanding of the public health statute assessment process.
This briefing is NOT intended to:

- Propose legislative action
- Advocate for or against any policy positions
- Require your commitment to any positions (that comes later).
Your Role

- Keep an open mind
- Become familiar with this collaborative project
- Engage in the process
Part I: Introduction to Turning Point
What is Public Health Law?

• The legal powers and duties of government used primarily to assure the conditions for people to be healthy.

• The structural and rights-based limitations on the power of the state to act in the interests of the public’s health or to constrain legally-protected interests of individuals.
The Problem

• Many public health laws fail to reflect current:
  – Constitutional norms (e.g. privacy, individual rights)
  – Principles of public health and biological sciences
  – Conceptions of balancing individual rights vs. protecting the public
Genesis of Turning Point

- *The Future of Public Health*, Institute of Medicine, 1988 and 2003
- Public Health Improvement Act of 2001
- *Healthy People 2010*, DHHS
  - “...the Nation’s public health infrastructure would be strengthened if jurisdictions had a model law and could use it regularly for improvements.”
To transform and strengthen the legal framework for the state public health system through a collaborative process to develop a model state public health law.
Core Collaborative Partners

- Five “pilot” states
- CDC
- HRSA
- IOM
- APHA
- ASTHO
- NACCHO

- National Conference of State Legislatures
- National Indian Health Board
- National Association of Local Boards of Health
- National Governors Association
Public Health Advisory Committee

- Environmental health
- Epidemiology
- Ethics
- Health promotion
- Laboratories
- Law
- Social determinants of health
Lawrence O. Gostin, JD, LLD (Hon.)

James G. Hodge, Jr., JD, LLM
Redefining Events

- Attacks on 9/11
- Subsequent Anthrax Attacks
- Changes in Federal law
- Bioterrorism Preparedness Funding
- Model State Emergency Health Powers Act
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Timeline

• 2000 -- Turning Point Convened
• 2001 -- Assessment of state PH statutes
• 2002 -- Developed Model State PH Act
• 2003 – Published Model Act
• 2004 -- Dissemination & Education
• 2005 – State Implementation
What is The Turning Point Act?

- A **model** for state public health authorities to assess their existing laws.
- A **tool** for improving public health infrastructure and outcomes.
- A **template** for public health law reform.
The Act is Not . . . .

• A federal mandate
• A regulatory prescription
• Intended to be adopted verbatim
• All encompassing
Scope and Organization

- Nine substantive Articles
- Mission and Functions
- Public Health Infrastructure
- Collaboration and Relationships
• Public Health Authorities and Powers
• Public Health Emergencies
• Public Health Information Privacy
• Administrative Procedures, Criminal/Civil Enforcement
Part II: The Role of OPHP in Public Health Law Reform
OPHP Mission

• Protect the health of Michigan citizens against Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) threats.
• Minimize the threat to health from terrorist acts, accidents and other incidents.
• Collaborate with local, state and federal authorities to stay ahead of forces that threaten the health of Michigan citizens.
CDC Cooperative Agreement on PH Preparedness and Response for Bioterrorism

- Preparedness planning and readiness assessment
- Strategic direction, coordination, and assessment
- Assessment and analysis of statutes, regulations, and ordinances
Role of OPHP State & Federal Policy Specialist

• Liaison with MALPH Public Health Code Committee
• Support assessment and policy development
• Identify legal barriers to preparedness and recommend solutions
• Legislative liaison on PH preparedness and BT response.
Current Issues/Activities

• Mutual Aid Agreements
• Isolation & Quarantine
• Rapid designation of reportable diseases/conditions
• Turning Point
Part III: The Role of MALPH in Public Health Law Reform
MALPH Public Health Code Committee

- The Committee’s original charge was to review Michigan’s Public Health Code, (Public Act 368 of 1978); recommend updates and changes; and develop a mechanism to educate and train local public health leaders on the content, coverage and application of the various sections of the Code.
Lunch With the Law

- During 2001 the MALPH Board of Directors sponsored several “Lunch with the Law” workshops to provide an in-depth review of the current Code.

- In 2002 a video entitled “Public Health and the Law” was produced and distributed to local health departments.
Statute Review

• In 2002 MALPH contracted with MDCH/OPHP to do a review of current Michigan statutes (PA 390 of 1976 and PA 368 of 1978) to determine whether Michigan’s laws needed to be augmented and/or substituted with the Model Public Health Emergency Powers Act.
Emergency Preparedness Powers, Authorities and Duties

• The document contains the statutory crosswalk and the Committee’s recommendations for further action.
Findings

The Committee divided its findings into three categories:

• Changes in Law
• Changes in Policies/Practices
• Clarifications
Changes in Law

• Establish legal and economic protections for local health departments, including workers’ compensation and liability protections.

• Establish local public health authority to declare emergencies at the local/regional level (including temporary quarantine authority).

• Allow the use of unlicensed staff in an emergency.
Changes in Law

• Enact additions/revisions to the state communicable disease reporting rules.
• Establish quarantine authority, including role of law enforcement.
• Include adult immunizations in Michigan Childhood Immunization Registry (MCIR).
Changes in Policies/Practices

• Establish a system that identifies training needs from a comprehensive and partner specific perspective.

• Design, deliver and evaluate training based on the “Core Competencies”.
Changes in Policies/Practices

- Revitalize the development and regular review of the public health annex of the emergency management plan at the state and local level.
- Establish, maintain and evaluate a communication system that assures regular, complete and comprehensive information sharing (including 211).
Clarifications

• Establish that the roles and activities of regional entities created in the MDCH CDC and HRSA bioterrorism grants do not take the place of the legal authority of the Department and local health departments.

• Establish the authority of local health departments in declaring emergencies and exercising emergency powers.
Clarifications

Utilize Section 2435 of the Public Health Code, (PA 368 of 1978) as guidance in the development of mutual aid arrangements or agreements.
Mutual Aid Agreements

• The MALPH Public Health Code Committee sponsored a workshop on May 18, 2004 in Genesee County to review current local public health department developed mutual aid agreement models.

• Work will continue on this effort, with assistance from OPHP, during the upcoming grant period.
Current Activities

- The Committee has hired and is working with outside legal consultants (Gostin and Hodge) to draft language addressing the “Changes in Law” recommendations.
- The Committee has proposed a scope of work for the upcoming grant cycle.
Proposed Scope of Work 2005

- Track the implementation of the legal consultants’ recommendations.
- Develop local health department mutual aid template, including rationale and legal basis.
- Develop a matrix identifying local health department roles in local, regional, state and federal responses to public health emergencies.
Proposed Scope of Work 2005

• Conduct at least one exercise to assess the knowledge and ability of local health officials to understand and appropriately use legal authority in response to emergencies and bioterrorism events.