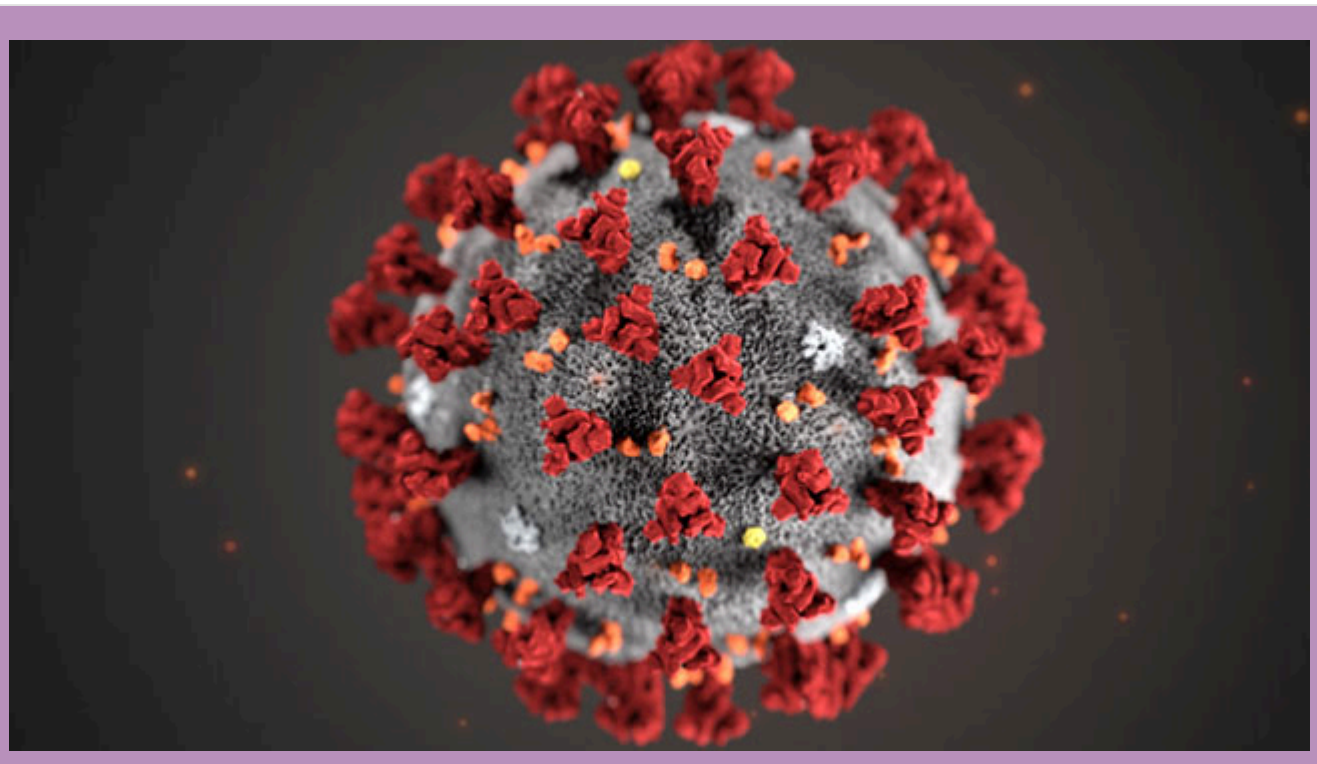
CDC Centers for Disease Control and Prevention

Public Health Professionals Gateway

Public Health Law

February 2020



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Center for State, Tribal, Local, and Territorial Support
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In This Edition

Announcements

Webinar: 2019 Novel Coronavirus: Public Health Legal Preparedness

Join us for a webinar on **February 25 at 12:00–1:30 (EST)** for tools and resources for legal knowledge on how to prepare for a possible coronavirus disease 2019 (COVID-19) outbreak. The webinar will cover healthcare preparedness focusing on the legal implications including patient screening and testing, PPE, and more. Register today .

Webinar: The ABC's of Administrative Law in Public Health Practice

Join us for a two-part webinar series on **March 5 & March 26 at 3:00 pm (EST)**. In the first part, public health practitioners will be introduced to broader picture concepts and principles of administrative law. The second part will explore the key procedural rules that guide common responsibilities of public health agencies. Be sure to register and learn more about Part 1 and Part 2 .

New Microsite: CDC's Response to Coronavirus Disease 2019 (COVID-19)

CDC has launched a microsite with resources and information for the general public and healthcare providers from across the agency for understanding and addressing the **coronavirus** situation. Visit CDC's COVID-19 microsite and syndicate it on your website.

The Growing Field of Legal Epidemiology

Legal epidemiology is the study of law as a direct factor in population health and public health outcomes. Ineffective training for the legal functions conducted by nonlawyers in the healthcare system and limited evaluation of the impact of law are two barriers legal epidemiology seeks to remove. This special edition of the *Journal of Public Health Management and Practice* expands on the history of legal epidemiology, explains its key methods and tools, and addresses challenges. Read the special edition .

Annual Meeting: 2020 Associations of Schools & Programs of Public Health (ASPPH)

ASPPH is holding its annual meeting **March 18–20** in Arlington, Virginia. It is the premier professional development and networking event for academic public health professionals and partners and features programming relevant to academic public health, global health, current public health concerns, and the future of public health. Get the details .

Conference: 2020 Annual Consortium of Universities for Global Health

On **April 18–20**, about 1,800 scientists, students, and implementers from academia, nongovernmental organizations, government agencies, and the private sector will meet in Washington, DC, to collaborate on addressing some of the most pressing challenges our world faces. Learn more about the conference .

Call for Proposals: The Root Cause Coalition's 5th Annual National Summit on the Social Determinants of Health

Submit your proposal for this October summit, when professionals from all areas of the healthcare sector will gather to share best practices and engage in the crucial discussion of how to strategically address the social determinants of health. The submission deadline is **February 24 at 11:59 pm (EST).** Learn more and submit your proposal .

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Legal Tools

CityHealth to Support Small and Mid-Sized Cities!

CityHealth partners with the nation's largest 40 cities to support small and mid-sized cities and create stronger policies to improve the health of the residents. After starting yearly assessments, CityHealth is now recruiting for a pilot project to expand to cities with populations of less than 275,000. CityHealth will provide training materials and technical assistance to guide participants as they assess their own policies. Learn more about the opportunity .

Human Trafficking: Resources for Prevention and Response

The National Criminal Justice Reference Service has created helpful resources, including trainings, conferences, and publications, about how to prevent and respond to human trafficking. Access the resources .

HIV State Laws

Need to know a state's laws surrounding HIV status, disclosure, and criminalization? View CDC's list of state laws that

Toolkit: Local Planning Implementation

Local planning requires substantial effort by the entire community to identify local issues, develop strategies to address them, and generate actionable items. This toolkit can help guide public health professionals, planners, and other community partners involved in the planning process in assessing, organizing, and prioritizing local actions to improve community health outcomes and create more equitable communities. Start using the toolkit .

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Top Story

National: How lifesaving organs for transplant go missing in transit
Kaiser Health News (02/10/2020) JoNel Aleccia

There is no national system for transferring donated organs from location to location. Instead, the transfer of organs is managed by 58 nonprofit organ procurement organizations (OPOs). The OPOs monitor organ removal surgeries and collect, package, and ship the organs. The organs themselves, however, are often shipped via commercial couriers and airlines, which are not formally liable for delays or organs that go missing.

"We've had organs that are left on airplanes, organs that arrive at an airport and then can't get taken off the aircraft in a timely fashion and spend an extra two or three or four hours waiting for somebody to get them," said Dr. David Axelrod, a transplant surgeon at the University of Iowa.

How long an organ can be in transit and still be viable varies by organ type. Hearts, for example, survive only four to six hours. Other organs, like kidneys and livers, can be in transit longer without fatal complications.

During 2014–2019, nearly 170 organs were not viable for transplant because of such delays or transportation problems. During that same timeframe, nearly 370 organs were delayed two hours or more and were almost no longer viable for transplant.

[Editor's note: Learn more about organ donation laws and policies in the United States .]

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Briefly Noted

Florida: 'A bonanza for traffickers': Why a Miami Super Bowl is a magnet for sex-trafficking
Miami Herald (01/30/2020) Linda Robertson
[Editor's note: Read about human trafficking and sex trafficking.]

California: Santa Clara County declares local health emergency amid Coronavirus
NBC Bay Area (02/11/2020) Diana San Juan and Ian Cull

California: Santa Cruz is third US city to decriminalize psilocybin, plant medicine, as advocacy expands
Forbes (02/02/2020) David Carpenter
[Editor's note: Read more about Santa Cruz's Resolution Regarding Adult Personal Use and Personal Possession of Entheogenic Psychoactive Plants and Fungi (CN) .]

Connecticut: Both sides ready for battle over repeal of religious exemption for vaccines
CNN (02/02/2020) Christine Stuart
[Editor's note: Learn more about state school and childcare vaccination laws.]

Michigan: Michigan nurses are fighting for better protection against violent patients
Sam Knef (01/28/2020) Reed Abelson
[Editor's note: Learn more through The Health Risk Appraisal Report [PDF – 1.38MB] .]

Nebraska: Nebraska, Iowa target vaping after new federal restrictions
The Charlotte Observer (02/02/2020) Grant Schulte

Law.]

National: Big Pharma failing to invest in new antibiotics, says WHO
Chicago Tribune (01/17/2020) Sarah Boseley
[Editor's note: Read State Policy Approaches to Sepsis Prevention and Early Recognition [PDF – 138KB].]

National: Supreme Court to Consider Limits on Contraception Coverage
The New York Times (01/17/2020) Adam Liptank
[Editor's note: Learn more about the case Donald J. Trump, President of the United States, v. Commonwealth of Pennsylvania in Brief in Opposition [PDF – 618KB] and Reply Brief for the Petitioners [PDF – 176KB] .]

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Global News

Australia: Australia scientists claim first re-creation of Coronavirus outside China
The Jakarta Post (01/29/2020)
[Editor's note: Learn more about coronavirus disease 2019 (COVID-19), medical countermeasures, and the US Food and Drug Administration's role in vaccine approval , should a vaccine be developed.]

China: Coronavirus updates: A grim landmark as official death toll in China tops 1,000
The New York Times (02/10/2020)
[Editor's note: Learn more about CDC's response to coronavirus disease 2019 (COVID-19).]

India: Panel to review age of marriage for women
The Economic Times (02/02/2020) Vasudha Venugopal
[Editor's note: Learn more about the various marriage laws around the world [PDF – 397KB] from the Pew Research Center.]

South America: MCG [pharmaceutical company] to distribute medical cannabis in South America
The West Australian (01/28/2020) Matt Birney

United Kingdom: Coronavirus outbreak prompts UK health authorities to increase quarantine powers
CBS News (02/10/2020) Haley Ott

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Profile in Public Health Law: Siobhan Gilchrist, JD, MPH

Title: Health Policy Analyst, IHRC Inc., supporting the Applied Research and Evaluation Branch, Division for Heart Disease and Stroke Prevention, CDC

Education: JD, Georgia State University College of Law; MPH, Emory University Rollins School of Public Health

Public Health Law News (PHLN): Please describe your day-to-day job.

Gilchrist: I sit within the Applied Research and Translation Team of CDC's Division for Heart Disease and Stroke Prevention (DHDSP) along with a diverse team of masters- and PhD-level trained health scientists and economists, as well as two JD/MPH fellows. I've been working with the team since 2009 and have helped develop an evidence-informed approach to public health policy analysis along a policy research continuum that builds on legal epidemiology concepts and methods. Our work was initially modeled after Jamie Chriqui's work, with guidance and insights from Amy Eyler and Doug Luke. We incorporated aspects of the Center for Public Health Law Research's policy surveillance approach over time.

On a day-to-day basis, I work on projects that include evidence assessments, policy surveillance, policy implementation case studies, policy ratings, and policy impact studies that relate to cardiovascular disease. I might be researching the scientific, policy, and legal literature to identify laws and policies likely associated with improved health-related or economic

base as a foundation for a policy surveillance database. I also research relevant federal law to better understand the parameters within which state and local jurisdictions operate. I work closely with the other JDs/MPHs to develop cross-sectional and longitudinal legal datasets, and with other team members to plan and conduct qualitative and mixed-methods research studies to understand how jurisdictions are implementing laws that appear more evidence-informed and to assess the impact of law. I also work on translating and disseminating the work through externally published reports, conferences, webinars, toolkits, journal articles, and websites. Ultimately, we're interested in seeing whether evidence-informed policies are associated with better health outcomes and where and when such policies are scaled up and spread geographically.

PHLN: What is legal epidemiology, or "legal epi"?

Gilchrist: I think legal epidemiology is best described by this widely accepted definition: it is the scientific study of law as a factor in the cause, distribution, and prevention of disease and injury in a population.

PHLN: How long has legal epi been a field?

Gilchrist: The term "legal epi" is fairly recent. I think it's about 10 years old, but the methods and policy surveillance approaches go back much further, particularly in public health areas like tobacco control, physical activity and nutrition, and alcohol policy surveillance, to name a few.

PHLN: Will you please describe how your career path brought you to your current position and legal epidemiology?

Gilchrist: I started my career in public health working as an MPH epidemiologist in infectious disease surveillance for CDC. I traveled to state health departments and other countries to design and implement health information systems using CDC's Epi Info and Epi Map. I was part of a team scaling up "data for decision-making" approaches that ministries of health and state health directors could use for programmatic and budgetary purposes, as well as for disease surveillance to detect outbreaks. That was my first direct experience learning how counties, states, and the federal government interact within our federalist system of government, and it piqued my curiosity about government's role in public health. I learned so much more when I became the district epidemiologist for my local board of health.

At the DeKalb County Board of Health, I was fortunate to work under the leadership of the late Dr. Paul Wiesner and Mr. Bill Dyal, who were instrumental in developing and putting into practice the 10 Essential Public Health Services. Policy development and enforcement were always on our radar, whether it was working with the transportation and planning departments, local police forces, emergency medical services (EMS), advocacy organizations, school systems, neighborhood units, business interests, or the state department of public health. One project I worked on was funded through the DeKalb County Juvenile Court, and I learned more about the role of the justice system through the late Justice Robin Nash. That inspired me to become a citizen court-appointed special advocate, where I represented the interests of several children in court proceedings. In 2001, I attended Georgia State University Law School while working full-time as a maternal and child health epidemiologist for the Georgia Division of Public Health. I really enjoyed administrative law, particularly as it relates to environmental law, as I discovered that much of the scientific evidence supporting environmental regulations was based on epidemiological studies. I passed the Bar in 2006 and practiced for a small law firm with a property, environmental, and zoning focus and did a lot of *pro bono* work for various local nonprofit organizations, representing clients in domestic violence, housing, and other civil proceedings—just when the recession hit and jobs for lawyers were scarce. Thus, my background was a good fit for this position as a policy analyst. I started out with the goal of developing a surveillance system to track laws related to heart disease and stroke, and the work has now evolved to encompass a suite of products and methods along a policy research continuum.

PHLN: How have you applied your experience as an epidemiologist and with data informatics in your current role?

Gilchrist: Because I've worked with data systems for so long, much of what legal epidemiology entails—developing datasets, parsing information, developing coding protocols, analyzing and presenting data visually— comes naturally. But having had local government experience, I know that personal stories are sometimes more compelling than the numbers. My legal training helps create the narratives that show why the data (whether from legal datasets or health-related data) matter.

PHLN: What are your current priority projects?

Gilchrist: The team is working on several fronts in stroke prehospital and in-hospital aspects of the stroke system of care. We have a longitudinal stroke law dataset that we're in the process of analyzing while we kick off a two-year policy rating and policy impact study and wrap-up a case study examining how several states implemented their stroke-related prehospital emergency care laws.

PHLN: How might law be a factor in the cause and distribution of heart disease and stroke?

Gilchrist: That's the puzzle we're trying to piece together. The pathway from codified law to heart disease and stroke health outcomes appears complex, with many law- and nonlaw-related variables. For example, the stroke system of care spans primordial prevention to rehabilitation. Right now, we're focusing on the regulatory infrastructure addressing acute care, such as transporting a patient by ambulance directly to a stroke-certified hospital.

PHLN: What kinds of laws are you currently researching?

Gilchrist: EMS-related laws that address stroke assessment, triage and transport, and hospital designation- and certification-related laws that address stroke center certification. Within the team, we are starting something similar around cardiac system of care laws. Because we also focus on team-based care as one approach to improving cardiovascular health, I've been monitoring scope of practice laws, including coverage and reimbursement for services for several health professions over the past few years, with a particular emphasis on pharmacist practice acts and community health worker professional development.

PHLN: Do you think legal epi will play a role in future public health law and policy? If so, how?

Gilchrist: I think it will continue to play a role in areas where there is funding and interest. Developing policy surveillance datasets is time-consuming and can be resource-intensive depending on the level of rigor applied. And that's just one step toward assessing the impact of law on health outcomes.

PHLN: How can individuals learn more about legal epi and applied public health law research?

Gilchrist: DHDSP co-sponsored a supplement in the *Journal of Public Health Management and Practice: Advancing Legal Epidemiology* that was released on February 3. It gives examples of how legal epidemiology and public health law research have been used in recent years to understand the impact of laws on chronic disease rates. Of course, CDC's Public Health Law Program, ChangeLab Solutions, and the Center for Public Health Law Research are leaders in the field and provide many useful resources, including website tools, training in legal epidemiology, and journal articles and textbooks.

PHLN: Have you read any good books lately?

Gilchrist: Last year, I listened to Michael Pollen's audio-book *How to Change Your Mind* . It was fascinating and a good book for my commute. Right now, I'm slowly reading two books: "We the Corporations: How American Businesses Won Their Civil Rights," by Adam Winkler, and "Our Women on the Ground: Essays by Arab Women Reporting from the Arab World," by Zahra Hankir.

PHLN: Do you have any hobbies?

Gilchrist: I wouldn't call it a hobby, but I'm very involved with animal welfare issues, fostering dogs from our local shelter and, as a volunteer member of an animal welfare organization, educating local and state representatives about ways to expand our humane treatment of all types of animals. To learn more about the trade in endangered species, I spent two weeks last fall in South Africa volunteering with a rhino anti-poaching unit and sanctuary.

PHLN: Is there anything else you would like to add?

Gilchrist: Thanks for inviting me to do the interview.

[Editor's note: Learn more about Jamie F. Chriqui, PhD, MHS ; Douglas Luke, PhD ; and Amy Eyler, PhD, MS .]

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Quiz Question: February 2020

The first reader to correctly answer the quiz question will be featured in a mini public health law profile in the next edition of the *News* . Email your entry to PHLawProgram@cdc.gov with "PHL Quiz" as the subject heading (entries without the heading will not be considered). Good luck!

Quiz Question February 2020

What is psilocybin, and which jurisdiction decriminalized its use in January 2020?

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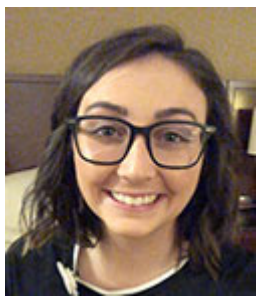
January 2020 Quiz Winner



Alyssa Janes, BSN, RN

January Question:
What is the minimum age for purchasing tobacco products, including cigarettes, cigars, and e-cigarettes, in the United States?

Winning Answer: 21

Employment organization and job title:
Harrison County Health Department, Indiana, Public Health Nursing Administrator

A brief explanation of your job:
I am responsible for overseeing daily operations of the public health nursing program. I also work as a representative for our county health officer. I provide education and promote health awareness to the public, collect data to complete reports for communicable diseases, and work as a liaison with the school nurses in our county.

Education:
BSN, RN, from Spalding University in Louisville, KY

Favorite section of the Public Health Law News:
Announcements, Top Stories, and the Quiz Question are my go-to's. I like reading about what is going on in public health, with illnesses, preparedness, and global health news.

Why are you interested in public health law?
To stay up to date with things that change within public health and healthcare as a whole. Education to the community that I serve is a top priority, and I feel that staying informed on the matters of public health law help me to achieve that.

What is your favorite hobby?
I love spending time with my two dogs (Harvey and Hazel) and my husband!

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Court Filings and Opinions

North Carolina: Plaintiffs in a case questioned the authority of the Board of Plumbing, Heating, and Fire Sprinkler Contractors to find that the contractor incompetently installed HVAC units. The Petitioners further contended that the regulations specified the minimum standard of competence, and that as long as the minimum was met, the Petitioners should be considered competent. The court first found that the Board has the authority to make a finding of incompetence, drawing from the Administrative Procedures Act and legislative intent at the time of the Board's creation. In doing so, the court reiterated that the purpose of the Board is "to promote the health, comfort, and safety of the people" in much the same way that "the Legislature has required a license of physicians, surgeons, osteopaths, chiropractors, chiropodists, dentists, opticians, barbers, and others." The court reiterated that the Board is allowed to draw on its own expertise in deciding competence, rather than consulting with expert witnesses. The court's ruling and reasoning reaffirms that licensees in North Carolina who fall under any administrative Board must "meet or exceed" the industry standards and rules promulgated by the Board.

Ingram v. Board of Plumbing, Heating, and Fire Sprinkler Contractors
Superior Court, Union County, North Carolina
No. 18 CSV 02286
Decided February 4, 2020
Opinion by Judge Lori I. Hamilton

Rhode Island: The Town of Barrington created rules that restricted the sale of tobacco products and raised the minimum age to purchase tobacco products to 21. The Town contended that it had the authority to regulate the sale of tobacco because 1) Rhode Island is a Home Rule state, and under Home Rule, the Town has "the right to self government in all local matters," and 2) the Town's rules were not preempted by state law because the rules were consistent with state law. The court disagreed and identified three criteria in the state's case law that govern Home Rule authority. The court found that 1) uniform regulation of tobacco throughout the state is "desirable, if not necessary," 2) tobacco regulation has "traditionally fallen within the purview of the state," and 3) although this particular regulation does not have a significant impact on persons outside the town, should more municipalities enact similar rules, there could be a significant statewide impact.

K&W Automotive v. Town of Barrington
Supreme Court of Rhode Island
No. 2018-205-Appeal
Decided January 31, 2020
Opinion by Justice William P. Robinson III

Federal: The District of Columbia court struck down a new FDA-proposed rule that sought to require warning labels on all cigars, including premium cigars, over much protest from those who submitted comments during the notice-and-comment period. The commenters reasoned that premium cigars are associated with much lower rates of disease and mortality than other tobacco products, and therefore premium cigars should be excluded from the new warning label requirement. The FDA concluded that there was "no evidence put forward during the notice-and-comment period" that would support exempting premium cigars. The court ultimately held that the FDA failed to appreciate the demographic differences between premium cigar users and regular cigar users. Since the FDA did not "explain why health warnings for premium cigar packaging and advertising are appropriate," and instead explained that all cigar use can lead to addiction, the FDA did not engage in "reasoned decision-making." Therefore, the court struck down the new rules, as applied to premium cigars.

Cigar Association of America v. US Food and Drug Administration
United States District Court, District of Columbia
Case No. 1:16-cv-01460 and 1:18-cv01797
Decided February 3, 2020
Opinion by District Judge Amit P. Mehta

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Quote of the Month

"For so long [nurses] have been a women-dominated profession, and women have been taught historically to just take the abuse, and put up with it, and get on with your life… Even when [violent patients] are treating us horribly, we still take good care of them."—*Jamie Brown, RN*

[Editor's note: This quote is from the article Michigan nurses are fighting for better protection against violent patients, The WWMT, 01/28/2020.]

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