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State Public Health Enabling Authorities: Results of a Fundamental Activities Assessment Examining Core and Essential Services

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Abstract

Context—Public health enabling authorities establish the legal foundation for financing, organizing, and delivering public health services. State laws vary in terms of the content, depth, and breadth of these fundamental public health activities. Given this variance, the Institute of Medicine has identified state public health laws as an area that requires further examination. To respond to this call for further examination, the Centers for Disease Control and Prevention's Public Health Law Program conducted a fundamental activities legal assessment on state public health laws.

Objective—The goal of the legal assessment was to examine state laws referencing frameworks representing public health department fundamental activities (ie, core and essential services) in an effort to identify, catalog, and describe enabling authorities of state governmental public health systems.

Design—In 2013, Public Health Law Program staff compiled a list of state statutes and regulations referencing different commonly-recognized public health frameworks of fundamental activities. The legal assessment included state fundamental activities laws available on WestlawNext as of July 2013. The results related to the 10 essential public health services and the 3 core public health functions were confirmed and updated in June 2016.

Results—Eighteen states reference commonly-recognized frameworks of fundamental activities in their laws. Thirteen states have listed the 10 essential public health services in their laws. Eight of these states have also referenced the 3 core public health functions in their laws. Five states reference only the core public health functions.

Conclusions—Several states reference fundamental activities in their state laws, particularly through use of the essential services framework. Further work is needed to capture the public

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health laws and practices of states that may be performing fundamental activities but without reference to a common framework.

Keywords

core public health functions; essential public health services; local health department; public health law; state health department

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Public health enabling authorities establish the legal foundation for financing, organizing, and delivering public health services. Enabling authorities include laws that establish substantive authorities and laws that establish requirements for actors within the public health system, including both public and private entities. State laws vary in terms of the content, depth, and breadth of public health authorities. Because of this variance, the Institute of Medicine (IOM), in a 2011 report, identified state public health laws as an area that requires not only examination but also modernization to "assure that appropriate powers are in place to enable public health agencies to address contemporary challenges to population health."[1](p4)

The public health community has made previous efforts to modernize public health enabling authorities by drafting model legislation, such as the Turning Point Model State Public Health Act and the Model State Emergency Health Powers Act, and by assessing state public health laws and related scholarship.[2,3,4] However, according to the 2011 IOM report, many state public health laws remain antiquated and may not give state public health systems the legal authority to respond to modern public health threats.1,[*]

In 2013, the Centers for Disease Control and Prevention's (CDC's) Public Health Law Program (PHLP) and Division of Public Health Performance Improvement (DPHPI) partnered to explore the legal landscape of state public health enabling authorities. PHLP staff conducted a 50-state legal assessment,[†] a standardized legal research method for systemically collecting, categorizing, and comparing laws across jurisdictions, addressing the use of commonly-recognized frameworks describing public health fundamental activities and national public health department accreditation. PHLP published its results on public health department accreditation laws in an issue brief available on PHLP's Web site.[5] This article describes the results of the legal assessment and summarizes the varied ways in which state enabling authorities include fundamental activities, such as core functions and essential services. To facilitate taxonomy and minimize confusion with any particular established framework, the authors use the term "fundamental activities" to address the cross section of core or basic public health services found in several well-known national public health frameworks, including the core public health functions and the essential public health services.

[*]The 2011 IOM report further states that "the development and dissemination of these model acts, their use for widespread updating or modernization of public health statutes has been limited" and that "[m]ost public health law in jurisdictions today remains grounded in late 19th and early 20th century experiences."(pp. 271–272)

[†]Legal assessments are defined as the cross-sectional, scientific collection and analysis of codified legal provisions important to health across jurisdictions. Fifty-state legal assessments typically analyze the laws in all 50 states and the District of Columbia. Hereinafter, all references to 50-state assessments also include the District of Columbia.

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Background

In a ground breaking report, the IOM first described the 3 core public health functions: assessment, policy development, and assurance.[6] The 10 essential public health services were subsequently identified in 1994 by the Public Health Functions Steering Committee to further describe the core functions and public health responsibilities and include the following:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.[7,8]

In a 2012 report, the IOM also introduced the concept of a minimum package of public health services, calling for public health foundational capabilities and basic public health programs to be included, but not specifically defining them.[9] Work related to this IOM recommendation has been advancing through state and national efforts. In 2013, the Public Health Leadership Forum, supported by the Robert Wood Johnson Foundation and facilitated byRESOLVE, initiated an effort to define, constitute, and estimate the cost of foundational public health services.[10] CDC has partnered in this effort, and its assistance has been further influenced and catalyzed by a recommendation from the CDC Advisory Committee to the Director, which urged CDC to work with stakeholders and advance practice around "core public health services."[11] National efforts have been accelerated because of several states' pioneering efforts in this area during the last 5 years, most notably those of Washington and Ohio.[10]

Methods

The study (referred to as "fundamental activities legal assessment") included a review of laws that reference the following commonly-known public health frameworks: (1) core public health functions; (2) essential public health services;7,[*] (3) public health foundational capabilities; and (4) minimum package of public health services.[†‡] While the latter 2 have been more recently developed and used within public health, they were included in part to

establish a baseline, with the expectation that their underlying concepts could help define and expand the search considerations.

The fundamental activities legal assessment is a type of legal epidemiological study that seeks to measure law and study its impact "as a factor in the cause, distribution, and prevention of disease and injury."[12,13] PHLP's research for the fundamental activities legal assessment included 5 steps: (1) conduct background research; (2) develop list of relevant legal characteristics or attributes[§]; (3) collect laws; (4) analyze and code laws; and (5) perform an intercoder reliability check.[||] These steps often overlapped as the research developed. PHLP documented all steps of the research process in a detailed research protocol.[¶] For all legal research, PHLP used WestlawNext, a subscription-only legal research service.

PHLP collected relevant articles on public health fundamental activities both to ensure research team members had appropriate background understanding of the topic and to review the scope of current research conducted by other researchers and organizations.

Next, based on initial conversations with collaborating staff at DPHPI regarding priority areas of exploration, PHLP conducted general searches about public health services in WestlawNext to get a cursory overview of the legal framework of these laws, to assist in developing search terms, and to begin developing a list of relevant attributes in the laws.

PHLP searched for relevant statutes and regulations in all 50 states and the District of Columbia. The search process, including search terms used and the dates of the searches, was documented in a research trail. The fundamental activities searches were conducted using search terms based on the 4 frameworks listed earlier[#] and included laws available on Westlaw Next as of July 17, 2013. PHLP searched for the references to the essential public health services or core public health functions as a collective framework rather than each discrete service or function; however, the specific search terms were broad enough to ensure that states using differing vocabulary were included. Broad search terms were used to capture all relevant laws and included terms such as "public health functions," "public health services," "'public health' and 'minimum package,'" "public health competencies," "public

[*]The 3 core public health functions include assessment, policy development, and assurance. Each of the 10 essential public health services identifies activities of the public health system, defined as the "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction," performs to provide communities with the 3 core public health functions.

[†]For a discussion of the minimum package of public health services and foundational capabilities, see the Institute of Medicine's report, *For the Public's Health: Investing in a Healthier Future*.[9]

[‡]Core public health competencies were originally within the scope of the project but were subsequently removed. State laws often reference core competencies as the minimum competencies of public health practitioners rather than the activities performed by public health departments. See, for example, Mass Gen Laws Ann 112, §259.

[§]A legal attribute is defined as a single characteristic, feature, or question of public health or legal relevance with explicit inclusion and exclusion criteria.

[||]For a methods monograph on how to measure law to enable rigorous evaluation of its effects, see Anderson et al.[14] For a discussion on a research framework for public health law research, see the works of Burris et al[15] and Burris,[16] which describes the purpose of public health law research as seeking methodological rigor in all phases of research, from the careful articulation and operationalization of theory through thoughtful and innovative study design to analysis, interpretation, and dissemination.

[¶]Detailed research protocol outlining methodologies available upon request.

[#]While foundational capabilities are part of a broader foundatinal public health service framework, this assessment focused exclusively on "foundational capabilities" as outlined in "Defining and constituting foundational "capabilities" and "areas" version 1 (Reference 10, page 3).

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health capabilities," "'public health' and 'foundational capabilities,'" and "'public health' and 'core competencies.'" PHLP also reviewed relevant sections of the statutory and regulatory code to confirm that no relevant provisions were overlooked. The language of all relevant laws was preserved in pdf form.

Once the laws were compiled, they were reviewed and categorized on the basis of their legal attributes.[**] During this phase, the research questions were finalized to accommodate unanticipated aspects of the laws. Upon completion of all collection and cataloging of laws based on their attributes, team members conducted an intercoder reliability check of select states to identify any gaps in the findings. In the intercoder reliability check, a PHLP attorney who did not conduct the initial research performed searches in select states using her own search terms and without knowledge of the project's specific findings. The results related to the essential public health services and the core public health functions were confirmed and updated in June 2016.

Results

Fundamental activities

Eighteen states reference fundamental activities in their laws (Table).[*†] Thirteen states list the 10 essential public health services in their laws.[‡§] Eight of these states also reference the 3 core public health functions in their laws.[||] Five states, Delaware, Kentucky, Maine, New York, and Washington, reference only the core public health functions.[¶#] PHLP's initial research, conducted in 2013, did not reveal any state laws that reference public health foundational capabilities or the minimum package of public health services; however, this was not surprising because these frameworks had only entered state and national discussions within the past 5 years. As of June 2016, the authors are aware of at least one state, Oregan, which has now in corported the foundational capabilities into its statutory code.[**]

[**]As is the case with all legal assessments, the status of the state statutes and regulations are not always indicative of actual public health practices. PHLP used generally accepted rules for statutory interpretation in coding laws. For more information on the principles of statutory interpretation, see the work by Kim.[17]

[*]Alaska, Colorado, Connecticut, Delaware, Illinois, Iowa, Kentucky, Maine, Minnesota, Montana, Nebraska, New Jersey, New York, North Carolina, Texas, Washington, West Virginia, and Wisconsin.

[†]Note that although states reference fundamental activities frameworks, the references are not necessarily exact adaptations.

[‡]Alaska, Colorado, Connecticut, Illinois, Iowa, Minnesota, Montana, Nebraska, New Jersey, North Carolina, Texas, West Virginia, and Wisconsin. See Alaska Stat §18.15.395(10) Conn Gen Stat Ann §19a-207a; Colo Rev Stat Ann §25-1-502(3); 6 Colo Code Regs 1014-9:3; Ill Admin Code R tit 77, §600.110; Iowa Admin Code R 641-77.3(137); Minn Stat Ann §145A.02 and §145A.10(5a)(2); Mont Code Ann §50-1-105(2)(b); Neb Rev Stat §71-1628.04; NJ Admin Code §8:52-3.2; NC Gen Stat Ann §§130A-1.1(b) and -34.1(e)(2); Tex Health and Safety Code Ann §121.002(1), 121.006, 121.0066; WVa Code R §16-1-2(h); Wis Stat Ann §250.03(1)(L).

[§]Oregon lists the essential public health services in 2 privacy statutes but does not mention them in its public health statutes or regulations and was thus excluded. See Or Admin R 407-014-0000 and Or Admin R 943-014-0000. States that merely reference the phrase "essential public health services" but do not list each of the services were excluded from the assessment. See, for example, LSA-RS 39:100.51; Me Rev Stat tit 22, §§411 and 412.

[||]Colorado, Illinois, Iowa, Minnesota, Nebraska, New Jersey, Texas, and Wisconsin. See Colo Rev Stat Ann §25-1-502(2)-506, 508, 510; 20 Ill Comp Stat Ann 5/5-565(a); Iowa Admin Code R 641-77.2(137)(1), (2), (3) and -77.3(137); Minn Stat Ann §62Q.33; Neb Rev Stat §§71-1626, 1626.01, 1628.04, and 1628.05; NJ Admin Code §8:52-3.2; Tex Health & Safety Code §117.101(a); 25 Tex Admin Code §85.2; and Wis Stat Ann §251.04(6).

[¶]Delaware, Kentucky, Maine, New York, and Delaware. See 29 Del Code Ann §7904; Ky Rev Stat Ann §194A.001; 22 Maine Rev Stat Ann §411; NY Pub Health Law §602(2);Wash Rev Code Ann §§43.70.514, 43.70.516, 43.70.520(1); Wash Admin Code §246-01-020.

[#]Although a California provision, West's Cal Health & Safety Code §123255, references the core public health functions, it was excluded because it refers to them with regard to only maternal and child health priorities. Similarly, a New Mexico provision, NM Admin Code 6.63.2, references the core public health functions about school nursing.

[**]see Or Rev Stat §431.131-§431.148.

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A review of each state's language provides greater understanding of what these provisions look like. Montana law, for example, specifically references each of 10 essential public health services.[††] Per Montana law,

> [t]he purpose of Montana's public health system is to provide leadership and to protect and promote the public's health by . . . providing or promoting the provision of public health services and functions, including:
>
> **i.** monitoring health status to identify and recommend solutions to community health problems;
>
> **ii.** investigating and diagnosing health problems and health hazards in the community;
>
> **iii.** informing and educating individuals about health issues;
>
> **iv.** coordinating public and private sector collaboration and action to identify and solve health problems;
>
> **v.** developing policies, plans, and programs that support individual and community health efforts;
>
> **vi.** implementing and enforcing laws and regulations that protect health and ensure safety;
>
> **vii.** linking individuals to needed personal health services and assisting with needed health care when otherwise unavailable;
>
> **viii.** to the extent practicable, providing a competent public health workforce;
>
> **ix.** evaluating effectiveness, accessibility, and quality of personal and population-based health services; and
>
> **x.** to the extent that resources are available, conducting research for new insights on and innovative solutions to health problems.[*]

Nebraska law also references the 10 essential public health services.[†] It states:

> Each local public health department shall include the essential elements in carrying out the core public health functions to the extent applicable within its geographically defined community and to the extent funds are available. The essential elements include, but are not limited to, (a) monitoring health status to identify community health problems, (b) diagnosing and investigating health problems and health hazards in the community, (c) informing, educating, and empowering people about health issues, (d) mobilizing community partnerships to identify and solve health problems, (e) developing policies and rules that support individual and community health efforts, (f) enforcing laws, rules, and regulations that protect public health and the environment and ensure safety, (g) linking people to needed medical and mental health services and assuring the provision of health

[††]Mont Code Ann §50-1-105(2)(b).

[*]Mont Code Ann §50-1-105(2)(b).

[†]Neb Rev Stat §71-1628.04(2).

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> care when not otherwise available, (h) assuring a competent workforce within the health care industry and the public health departments, (i) evaluating effectiveness, accessibility, and quality of services within the health care industry and the public health departments, and (j) researching to gain new insights and innovative solutions to health problems.[‡]

All 13 states referencing the 10 essential public health services list them similarly to the Montana and Nebraska laws. Nebraska law also specifically references the 3 core public health functions. In Nebraska's statutory code, "the Legislature declares that each local public health department should be able to carry out core public health functions."[§] The code defines the core public health functions as:

> assessment, policy development, and assurance designed to protect and improve the health of persons within a geographically defined community by (*a*) emphasizing services to prevent illness, disease, and disability, (*b*) promoting effective coordination and use of community resources, and (*c*) extending health services into the community, including public health nursing, disease prevention and control, public health education, and environmental health services.[||]

Although Washington law does not reference the 10 essential public health services, it does reference the core public health functions in its statutory and administrative code. Washington's statutory code states that "[t]he legislature finds that the public health functions of community assessment, policy development, and assurance of service delivery are essential elements in achieving the objectives of health reform in Washington state."[¶] The Washington Administrative Code further defines the components of the core public health functions.[#]

Local or state health government authority or directives

State laws vary in terms of whether they provided authority or directives to local or state governments and whether the performance of the fundamental activities is mandatory, discretionary, or unclear. For example, Texas requires its local health departments that receive public health grants to "establish performance standards for the delivery of essential public health services and a mechanism to measure compliance with those standards."[**] Wisconsin law specifically states that the state department of health "shall . . . [p]erform or facilitate the performance of the ten essential public health services."[††] Iowa's administrative code incorporates the 10 essential public health services but makes some of the services, such as the enforcement of public health laws, mandatory for local boards of health and other services, such as researching new insights and health solutions, discretionary for local boards of health.[‡‡]

[‡]Neb Rev Stat §71-1628.04(2).
[§]Neb Rev Stat §71-1626.01.
[||]Neb Rev Stat §71-1626(1).
[¶]Wash Rev Code Ann §43.70.520(1).
[#]Wash Admin Code §246-01-020.
[**]Tex Health and Safety Code Ann §121.0065(d)(2).
[††]Wis Stat Ann §250.03(1)(L).
[‡‡]Iowa Admin Code R 641-77.3(137).

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Governing bodies and other entities in the public health system

State fundamental activities laws sometimes provide authority to governing bodies and other entities in the public health system that might interact with health departments. In Colorado, state law gives the state board of health responsibility to "establish, by rule, the core public health services that each county and district public health agency must provide or arrange for the provision of said services."[§§] Similarly, in Illinois, state law directs the state board of health to "assume the leadership role in advising" the state department of health in meeting the core public health functions.[|| ||]

Financing fundamental activities

The fundamental activities provisions provide varied examples of methods in which states fund public health activities.[*] Several states make funding contingent on local health department performance of certain services related to the fundamental activities. For example, to be eligible for state aid in New York, local health departments must establish certain public health programs such as family health, communicable disease control, and chronic disease control.[†] For each of these programs, the local health department must consider the 3 core public health functions through "(*a*) ongoing assessment of community health needs; (*b*) education on public health issues; (*c*) development of policies and plans to address health needs; and (*d*) actions to assure that services necessary to achieve agreed upon goals are provided."[‡]

North Carolina requires local health departments to obtain and maintain state accreditation in order to be eligible for funding from the state's Division of Public Health.[§] The state's accreditation standards incorporate the 10 essential public health services.[||]

Washington law references financial incentives to promote local health department performance of public health services. Per Washington law, the state department of health "in consultation with representatives of county governments, shall provide local jurisdictions with financial incentives to encourage and increase local investments in core public health functions. The local jurisdictions shall not supplant existing local funding with such state-incented resources."[¶]

Texas law establishes a Public Health Funding and Policy Committee to "provide policy level advice and assistance to the Department of State Health Services (department) in the organization and funding of local public health in Texas and the relationship between local public health entities and the department." [#]Committee duties include identifying "all

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[§§]Colo Rev Stat Ann §25-1-503(1)(a).
[|| ||]20 Ill Comp Stat Ann §5/5-565(a).
[*]See e.g. Colo Rev Stat Ann §§25-1-503(1)(f), -504(4), (5) and -505(2)(f); 6 Colo Code Regs 1014-7:5 and 7:6; Ill Admin Code R tit 77, §600.100(c); Ill Admin. Code R tit 77, §§610.100 and 610.300; Iowa Code §135A.8; Iowa Admin Code R 641-80.4(135); Minn Stat Ann §§62Q.33, 145A.11(2), and 145A.131; Mont Code Ann §50-1-105(2)(d); NJ Stat Ann §26:3A2-11(2); NY Pub Health Law §§602, 603(1), and 619-a(2); NC Gen Stat Ann §§130A-34.3 and -34.4; Tex Health and Safety Code Ann §§117.101(a)(3), 121.0065; 25 Tex Admin Code §85.2; Wash Rev Code Ann §§43.70.516(5) and .520 (3); Wis Stat Ann §250.03(1)(h)-(i).
[†]NY Pub Health Law §602(1).
[‡]NY Pub Health Law §602(2).
[§]NC Gen Stat Ann §130A-34.4.
[||]NC Gen Stat Ann §130A-34.4.
[¶]Wash Rev Code Ann §43.70.516(5).
[#]25 Tex Admin Code §85.2.

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funding sources available for use by local health entities to perform core public health functions" and making recommendations to the state department of health regarding the "use and allocation of funds available exclusively to local health entities to perform core public health functions."[**]

Discussion

Findings

The legal assessment results highlight several trends across state laws. First, public health fundamental activities laws reference multiple entities outside of state and local health departments. State laws provide authority to state and local boards of health and public health committees and councils with regard to public health activities within the state. This highlights the importance of conducting research that addresses the role and functions of governing bodies and others involved in the public health system more broadly rather than simply focusing on state and local health departments.

Notably, all of the 18 states identified through the assessment are classified as having a "decentralized" governance system, with the exception of Alaska and Kentucky, which is a "mixed" arrangement of both decentralized and centralized authorities and Delaware, with centralized systems.[18] In decentralized or largely decentralized systems, local health units are primarily led by local governments, which generally retain fiscal decision-making authority.[18] Given that, in several cases,[††] the fundamental activities laws use language that defines functions for local health departments, it is feasible that these states use the law as a lever to ensure expected and consistent services at the local level.

The legal assessment also offers some examples showing how states fund fundamental activities. This becomes increasingly important as state and local health departments face growing budget constraints. This legal assessment focused on commonly acknowledged descriptions for public health practice, and the fact that only 18 states were identified through the legal assessment may be notable. This may indicate that some of the remaining states cite expectations for state or local public health departments in a more piecemeal fashion. If this is indeed the case, this may have implications for building a comprehensive understanding and appreciation of the role of public health departments, as well as for funding. If legal requirements are established in a piecemeal fashion, funding will likely be the same. More detailed legal evaluation can explore these points.

States that use the essential services as the framework to define public health services statewide may be providing a potentially helpful foundation for ensuring capacity to meet health department accreditation standards. The national public health accreditation program, operated by the Public Health Accreditation Board (PHAB) and launched in 2011, uses the 10 essential services as a framework for the 12 domains around which it has established national consensus standards and measures (2 additional domains were added to the 10 essential services to address administrative management and capacity and relationship with

[**] 25 Tex Admin Code §85.2(d)(5)(A).

[††] See, for example, Tex Health and Safety Code Ann §121.0065(d)(2); Wis Stat Ann §250.03(1)(L).

governing entities).[19] PHLP's complementary legal assessment on public health department accreditation revealed that 7 states' laws specifically reference accreditation, either PHAB accreditation or a state accreditation program.5,[*] Three states (Colorado, Iowa, and North Carolina) also reference fundamental activities in law. Other states, such as Ohio, mention only accreditation and not the essential services upon which the standards are based. Therefore, while Ohio did not appear in this assessment, including it and other states identified in the PHLP accreditation legal assessment offers another perspective of states that have enabling authorities language with a basis in public health frameworks. Finally, the initial 2013 review found no instances of the foundational capabilities or minimum package of public health services included within enabling authorities; this was somewhat expected at the time because of the relatively recent identification of these frameworks through state and national policy endeavors. Since that time, the inclusion of the foundational capabilities in Oregons's state law indicates that this is an area for possible ongoing change and monitoring.

Limitations

PHLP's legal assessment is subject to several limitations. First, the legal assessment focused exclusively on state statutes and regulations. States could be using other mechanisms, such as state department of health policies, to establish fundamental activities and thus might not be included in these legal assessment results. Second, the legal assessment did not include searches for each individual component of the 10 essential public health services or 3 core public health functions. Rather, PHLP searched for references to the essential public health services or core public health functions as a whole. Although some work in this area has been done,[20] a more comprehensive legal assessment using searches for the functions associated with each discrete public health service, such as assessment, surveillance, enforcement, and health promotion, could be a valuable subject of future research.

Finally, as with all legal assessments, the status of the state statutes and regulations is not always indicative of actual public health practices. For example, because a state does not require its public health departments to perform the 10 essential public health services by citing the framework in law does not necessarily mean that the state and local health departments are not performing them. For example, jurisdictions such as California, Florida, Oklahoma, and the District of Columbia have received PHAB accreditation but none of these reference the essential public health services in statutes or regulations, nor reference accreditation in law.[21] This legal assessment limitation underscores a gap in research regarding the modernization of public health enabling authorities. Further study is needed regarding the perceived need for and possible implications of modernizing public health enabling authorities in a state's authority to respond effectively to public health priorities and whether such laws impact public health outcomes or funding.

[*]PHLP's accreditation assessment identified Colorado, Iowa, Maine, North Carolina, Ohio, Oregon, and Vermont as states that reference accreditation in their laws.

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Conclusion

PHLP's results found that 18 states' laws reference fundamental activities frameworks; however, the legal assessment results did not capture the public health practices of the remaining states as they related to fundamental activities. State and local public health departments can and do perform the essential public health services even when the services are not explicitly referenced or required by law. Thus, PHLP's assessment is an important step toward examining state public health laws on fundamental activities and expectations of state and local public health, but more is needed to address gaps in public health enabling authorities scholarship.

This legal assessment on fundamental activities demonstrates the methods by which states have incorporated and funded the public health frameworks in law. It also highlights the role of law as a communicative tool between state lawmakers and public health practitioners. Additional 50-state legal assessments on other public health enabling authorities can supplement this work to offer a more complete legal landscape of state and local public health authority, with particular attention to any changes to state law that represent other emerging frameworks including the foundational capabilities but also considering frameworks or concepts developed in the future. Further research, discussion, and reflection are also needed regarding the relationship between enabling authorities and the financing of public health services, as well as the impacts of public health enabling authorities on public health practice and population health.

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TABLE

States Referencing Fundamental Activities in Law

States Referencing Fundamental Activities in Law	States Referencing the 10 Essential Public Health Services	States Referencing the 3 Core Public Health Functions
Alaska	X	
Colorado	X	X
Connecticut	X	
Delaware		X
Illinois	X	X
Iowa	X	X
Kentucky		X
Maine		X
Minnesota	X	X
Montana	X	
Nebraska	X	X
New Jersey	X	X
New York		X
North Carolina	X	
Texas	X	X
Washington		X
West Virginia	X	
Wisconsin	X	X