

# The Community Public Health Legal Preparedness Initiative

## Workshop Director's Guide



*Building Effective  
Public Health-  
Health Care  
Legal Partnerships*

Edited by  
**MONTRECE McNEILL RANSOM, JD**  
*Attorney Analyst, Public Health Law Program  
Office of the Chief of Public Health Practice  
Centers for Disease Control and Prevention*



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### ***Building Effective Public Health- Healthcare Legal Partnerships***

Edited by  
MONTRECE McNEILL RANSOM, JD  
Attorney Analyst, Public Health Law Program  
Office of the Chief of Public Health Practice  
Centers for Disease Control and Prevention  
[mransom@cdc.gov](mailto:mransom@cdc.gov)  
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## EDITOR'S PREFACE

*[B]efore disaster strikes, legal counsel should be prepared for the role they may be asked to play. Anticipating issues, policies, and legal questions that may arise, identifying the various actors with which they may be involved, and knowing how counsel may need to relate to and advise [their clients] are obvious starting points."*

*American Bar Association  
State and Local Government Law Section  
Task Force on Emergency Management and Homeland Security*

**The Community Public Health Legal Preparedness Initiative** (CPHLPI/Initiative), a collaborative endeavor of the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Law Program, the American Bar Association's (ABA) Health Law Section, and the Public Health Law Association (PHLA), has been designed to provide a process and opportunity to do just what the ABA has prescribed: inform health-care attorneys about the laws pertinent to public health emergencies in their jurisdictions, clarify the legal issues their clients may face in a public health emergency, and form working partnerships between the public health agencies, health-care providers and organizations, and their respective legal counsel.

**The Community Public Health Legal Preparedness Initiative Workshop Director's Guide** (Guide) is a tool that can be used by public health and health-care practitioners to plan and implement Community Public Health Legal Preparedness Initiative workshops in their communities. The structure and content of the model CPHLPI workshop was tested and refined in three highly successful workshops held in 2003-2004 in Atlanta, Georgia; Houston, Texas; and Tulsa, Oklahoma. More than 400 health-care and public health professionals and attorneys participated in the workshops and proved the value of this practical approach toward building public health legal preparedness at the community level.

The Guide incorporates recommendations from the planners and participants, and explains the procedural steps necessary to plan and implement a successful workshop. The Guide also provides examples of agendas, formats, materials, and helpful hints from the three 2003-2004 workshops.

Numerous individuals and multidisciplinary organizations have lent their time and expertise to this Initiative and the production of this Guide. The Initiative co-sponsors extend their appreciation to the directors of the three initial workshops: Atlanta, GA: Lorraine Hess Spencer, Esq., Counsel, Sutherland, Asbill, and Brennan; Houston, TX: Susan K. Steeg, Esq., Executive Director of the Public Health Law Association and former general counsel to the Texas Department of Health; and Tulsa, OK: Gary Cox, JD, Director of the Tulsa-City/County Health Department. The co-sponsors would also like to acknowledge the invaluable assistance provided by the wide range of health care, public health, academic, and legal professionals who served as workshop planning committee members in Atlanta, Houston, and Tulsa, as well as the sponsoring organizations for those communities' workshops: The Georgia Bar Association (Health Law Section) and the Georgia Division of Public Health; the Houston Bar Association (Health Law Section), the City of Houston Health and Human Services Department, the University of Houston Law Center's Health Law and Policy Institute, Harris County Public Health

and Environmental Services, and the Texas Department of Health; the Southwest Center for Public Health Preparedness, Oklahoma University Health Sciences Center's College of Public Health, the Oklahoma Public Health Association, the Oklahoma City-County Health Department, and the Tulsa City-County Health Department. In addition, drafts of the Guide were reviewed by individual members of the ABA's Health Law Section and the Public Health Law Association. The Guide and the Initiative have greatly benefited from their recommendations and comments.

The Guide is meant to provide practical assistance and advice for workshop directors and planners, but it is not meant to be exhaustive, prescriptive, or construed as legal advice. Given the great variation in state and community health systems, relevant laws and legal procedures, and participating attorneys' interests, no uniform workshop model is possible or desirable. Instead, this Guide is intended to serve as a resource that workshop directors and planners can use and adapt to their own goals and priorities. In addition, the Guide is a call to action to the health care and public health attorneys and professionals whose foresight and close coordination is critical to effective community legal preparedness for epidemics, natural disasters, and other public health emergencies.

For more information on the Community Public Health Legal Preparedness Initiative, please visit: [www.phppo.cdc.gov/od/phlp/](http://www.phppo.cdc.gov/od/phlp/).

*Montrece McNeill Ransom, JD  
Spring 2005*

# I. INTRODUCTION

## A. THE CONTEXT: NEW AND EMERGING HEALTH THREATS

September 11, 2001, and the succeeding anthrax attacks riveted public attention on unprecedented terrorist threats. The 2003 epidemic of severe acute respiratory syndrome (SARS) did the same for formerly unknown, naturally occurring pathogens. The advent of West Nile virus, the escalation in antibiotic resistance, a startling rise in childhood asthma, and the epidemic of obesity and its chronic disease implications all signal an era of new and emerging threats to the health of Americans and to the nation's health system.

The U.S. Centers for Disease Control and Prevention (CDC) leads the nation's drive in addressing these and other threats to the public's health. Beginning in the early 1990s, CDC has worked with local, state, and territorial health departments, and other organizations to enhance the capacity of the entire public health system to join in this effort.

Health-care organizations—including hospitals and health systems, managed care organizations and insurers, community health centers, long-term care providers, and many others—are vital partners in this effort. Once thought of as separate, the nation's public health system and health-care system now are seen, in the stark light of potentially catastrophic health threats, as two components of the larger U.S. health system. Building the preparedness of the health system for potential bioterrorism and for other emerging public health threats hinges on the two sectors achieving full, integrated preparedness in health monitoring, outbreak reporting, quarantine and emergency immunization when appropriate, mass victim treatment, hospital surge capacity, and a host of other areas.

Achieving comprehensive health system preparedness hinges critically on achieving legal preparedness. When health-care and public health organizations spring into action in response to an infectious disease epidemic, a bioterrorist attack, or a natural disaster, they do so within a legal framework that defines their roles and responsibilities, the interventions they can employ, and their consideration of civil liberties, property rights, and other fundamental legal principles.

Attorneys who serve state and local public health departments began working, in a focused manner, on legal preparedness for such threats as early as 2000, for example, when Colorado enacted legislation clarifying declaration of public health emergencies and the state health department issued administrative rules for coordinated emergency response by local health departments and health care organizations. Immediately after the 2001 terrorist attacks, CDC sponsored development of a draft model law that many states used in reviewing and updating their public health emergency statutes. In 2002, Congress authorized a CDC grant program to upgrade state and local public health agency preparedness for bioterrorism and other public health emergencies. As part of their work plans, grantees assessed their legal preparedness with special emphasis on legal

provisions for licensure and credentialing of health-care professionals and on the delegation of authority for executing public health measures during emergencies.

Legal counsel to public health departments have been working as core members of the teams charged to upgrade those organizations' ability to address community health threats stemming from new and emerging public health threats.

In contrast, health-care attorneys have had far fewer opportunities to focus on this issue, even though their clients may play critical response roles and suffer potentially large economic losses from public health emergencies. Most health care attorneys specialize in regulatory law, transactional issues, and corporate governance. It is vital, however, for health care counsel across the full spectrum of practice to understand the legal framework that will surround their clients during public health emergencies and in the context of less urgent, but still immensely important, public health concerns. Key elements of that framework include the laws of a given state or community, the role of legal counsel in interpreting and applying those laws, and effective coordination with public health agencies.

Consequently, there have been few opportunities to date for public health attorneys and health-care attorneys to engage in building coordinated legal preparedness, even though protecting communities effectively from new and emerging public health threats requires close operational coordination between their respective clients.

## **B. THE COMMUNITY PUBLIC HEALTH LEGAL PREPAREDNESS INITIATIVE (CPHLPI)**

A collaborative venture of the CDC Public Health Law Program, the Health Law Section of the ABA, and the non-profit Public Health Law Association, the Initiative has been designed to help close this gap and to help health-care attorneys and public health attorneys forge new partnerships around this and additional shared interests.

The goals of the Initiative are:

- To give health-care attorneys and public health attorneys thorough understanding of their clients' legal roles and responsibilities during public health emergencies, and
- To build vibrant, enduring partnerships between health-care and public health attorneys to enhance law's contribution to community health through prevention and health promotion.

## **C. THE HEART OF THE INITIATIVE: COLLABORATIVE, PRACTICAL WORKSHOPS**

The Initiative has, as its nexus, day-long educational, practice-oriented CPHLPI workshops. These workshops are customized by a local planning committee and provide an opportunity for integral players—specifically health-care and public health attorneys and their clients—to improve their understanding of the legal framework that will surround their individual and collective response.

Workshops have already been conducted in Atlanta, GA; Houston, TX; and Tulsa, OK. All three of these initial workshops were collaborative in sponsorship and

execution. Each was sponsored and planned by, or in coordination with, the state and local bar association's health law section and the state or local public health department. The workshop faculties featured prominent public health and health-care officials, as well as leading attorneys in the fields.

In each workshop, the curricula covered both the principles of public health emergency legal preparedness and the specific laws of that state or community. Importantly, the workshop planners and directors, in all but one of the initial CPHLPI workshops, made sure that participating attorneys would be eligible to earn continuing legal education credits.

The information and material contained in this Guide has been derived directly from the planning process and implementation of each of the three 2003-2004 workshops. The Guide outlines the role of the workshop director(s) and the role and suggested composition of the workshop planning committee. It also provides sample agendas and marketing materials, as well as a description of the "10 Essential Steps" to planning and implementing a CPHLPI workshop in your community.

#### **D. WHERE DOES PUBLIC HEALTH LEGAL PREPAREDNESS FIT IN YOUR PRACTICE?**

This section presents commentaries from three attorneys who attended the initial CPHLPI workshops held in 2003-2004. The workshops gave them new understanding of public health legal preparedness, as well as an appreciation of the benefits they, their clients, and their communities can gain from partnerships between the health-care bar and the public health bar.

##### **The Private Practice Health Care Perspective**

Amy E. Yenyó, Esq.  
Fulbright & Jaworski L.L.P.  
Houston, Texas

*Recent events, including the September 11th terrorist attacks, anthrax mailings, smallpox scare, and more recently, the SARS episode, have, in part, brought the issue of community public health legal preparedness, or the lack thereof, to the forefront of discussion among public health lawyers. Regrettably, an episode of this kind would necessarily involve governmental, non-profit, and for-profit health care organizations. Accordingly, lawyers representing all of these entities must be made aware of, and educated in, such issues. The myriad legal issues that arise in these events underscore the need for private health care attorneys to come to the table and join in this important legal discourse. Private health care attorneys must be prepared to respond to the legal issues their state and local government and private health care clients face from threats due to both natural and non-natural disasters.*

*Unfortunately, we live in a time where the occurrence of terrorist and bioterrorist attacks are, according to public officials, inevitable. Similarly, we must be prepared for natural disasters which can occur at any time. Anthrax, hurricanes, dirty bombs and other such episodes, whether terrorist-caused or an "Act of God," do not distinguish between publicly and privately owned health care facilities. As a private health care attorney, I understand that my hospital, physician, and other health care provider clients, as well as my state and local government clients, expect me to be able to respond to their questions promptly and accurately during a disaster. It is also foreseeable that many of the resources I use to conduct legal research such as computers and the internet may not be available to me. Therefore, to be able to appropriately respond to my clients, it is critical that I anticipate*

issues and legal questions that may arise and my role in responding to them before a disaster strikes.

To this end, I recently participated in a one day seminar in Houston titled, “Legal Preparedness to Respond to Public Health Emergencies” presented by members of both the public and private bar. After attending the seminar, I am more aware of the breadth of legal issues that exist in public health emergencies including, but not limited to, those relating to jurisdictional authority, civil liberties, the loss of real and personal property, and liability and indemnification. By identifying legal issues and analyzing them ahead of time, I will be in a better position to serve my health care clients in a crisis. I will more likely give proper and timely legal advice which may, in turn, mitigate potential damages my clients may suffer during such an event. For these reasons, I strongly encourage private health care attorneys to participate in the ongoing discussion regarding public health legal preparedness for both natural and non-natural disasters.

### **The Public Health Perspective**

Marva Gay, Esq.  
Deputy Division Chief / General Counsel Division  
Office of the Harris County Attorney  
Houston, Texas

*When a private hospital is quarantined by authority of a County Health Authority and Order of a District Court, will there be legal confrontation and confusion? Will there be enforcement doubt and disorder? Will there be indecision and hesitation when swift and decisive action is necessary for the security of the population? Will there be chaos?*

*A County Attorney must know and must swiftly, with all due process, take the necessary steps to obtain a Court Order to carry out the Health Authority’s quarantine of a hospital, of a building, of an area, of a person, or of a group of animals within the Health Authority’s jurisdiction. Will the Order be followed?*

*Imagine a time when a hospital administrator will call the hospital’s lawyer and say: “They want to quarantine us. The Constable’s officers are here saying the hospital is quarantined. They say they have a Court Order and no one can leave, not even me. And no one can enter except the people the officers let in. They can’t do that – can they? We don’t have to obey this Order – do we? It’s the doing of the Health Authority. Who and what is that?” When that happens, the coordinated relationship and preparedness of public-health attorneys and private hospital legal counsel will be crucial.*

*The legal effects of bioterrorism should not come as a surprise to the health-care community. Health Authorities are empowered by various laws in Texas, and by other laws in other states, to take swift and decisive legal measures to contain and control the spread of disease whether that spread is the result of bioterrorism, a natural event, or the travels of persons or animals carrying a highly contagious and deadly disease.*

*Harris County, Texas, will be better able to deal with the legal effects of bioterrorism because of the “Legal Preparedness to Respond to Public Health Emergencies” conference put on in Houston by the Centers for Disease Control. That conference brought together public and private health-care attorneys to discuss, learn, and network.*

*If you are a private attorney who represents a hospital that is quarantined by government action initiated by a Health Authority, who would you call to find out what the government has done, why, and what the government intends to do? In the midst of a public-health emergency, it would help to already know the County’s public-health attorneys and be able to quickly reach them. And, if the County’s public-health attorneys know you, it is*

*likely they will be trying to reach you to facilitate a coordinated legal response. Whose cell phone number do you carry with you? Who would you need to reach in a bioterrorism emergency?*

*The practice of private health-care attorneys seldom involves public-health law and the powers of a Health Authority. However, if there is a bioterrorism event or other major public-health emergency, the powers of a health authority, including the power to quarantine, could have major economic and health consequences. In the event of a bioterrorism incident, county and city public-health attorneys will be a link between federal and state attorneys and local private health-care attorneys.*

*When you hear a news bulletin about a bioterrorism event in your community, will you be ready? Public-health law has taken on new force and power to command the health-care community during a public-health crisis. The seminars and publications being developed by the Centers for Disease Control are critical to bringing together public, private, and academic health-care attorneys to prepare for bioterrorism and its consequences.*

### **Climbing out of the Silos: Finding Creative Ways for Public and Private Sector Attorneys to Work Together**

Steven D. Gravely, M.H.A., J.D.  
Partner, Health Care Practice Group  
Troutman Sanders LLP  
Richmond, Virginia

*Among the many lessons learned from 9-11 is that when it comes to preparing for and responding to large-scale emergency situations, we have far too many “silos” which serve as formidable obstacles to a free exchange of critical information and collaborative working relationships. “Silos” facilitate vertical integration within organizations but inhibit horizontal, or inter-organizational, interaction and integration.*

*Federal and state governments regulate the provision of and payment for healthcare services. The private sector, both proprietary and “not-for-profit” is responsible for delivering the vast majority of health care services provided in the United States. This robust private sector, has created the finest healthcare delivery system in the world. However, this differentiation of function between government as regulator/payer and private sector as provider of services encourages the proliferation of “silos”. This same phenomenon also exists within government as evidenced by the continuing efforts of federal, state and local governments to share information, coordinate law enforcement, integrate intelligence gathering and coordinate multi-layered government responses to terrorist incidents. Silos also exist within the private sector where health care delivery systems compete with each other for market share and, in many cases, are restricted by federal regulation from sharing clinical and proprietary information that could facilitate a seamless response to emergency or terrorist events.*

*I am intimately familiar with these silos, having practiced health care law for over 20 years. Indeed, as one who has worked in hospital management and served as a “first responder” I have experienced these situations first hand. The CDC’s Community Legal Preparedness Initiative is an innovative approach to build bridges between and among lawyers involved in the public and private sectors of health.*

*I know that this effort will be productive. Over the past three years, I have had the unique opportunity to bridge the public and private sectors by assisting the Virginia Office of Commonwealth Preparedness in its efforts to enhance Virginia’s ability to respond to future emergencies, both man-made and naturally occurring. Virginia continues to be a prime target of opportunity for terrorists due to its proximity to Washington, DC, the*

*presence of the Pentagon, the presence of the CIA headquarters and U.S. military bases.*

*The following public health initiatives, designed to enhance the ability of the Commonwealth to respond to attacks, have been accomplished:*

- Conduct a comprehensive assessment of Virginia laws and resources for responding to public health emergencies, whether man-made or naturally occurring;*
- Complete a comprehensive revision of Virginia's laws and regulations dealing with isolation and quarantine and have it enacted into law;*
- Create work groups to evaluate the complexities of volunteerism as a supplement to licensed health care professionals in the event of emergencies;*
- Create work groups to evaluate hospital "surge capacity" and work with the Virginia Department of Health and the Virginia Hospital and Health Care Association to facilitate the development of benchmarks and protocols;*
- Work with the Virginia Supreme Court to coordinate the role of the judiciary in responding to public health emergencies;*
- Convene regular meetings to serve as forums for disseminating and sharing ideas and concerns on health and medical preparedness and facilitate networking of all those involved with health and medical emergency preparedness and response including, first responders, hospitals, physicians, allied health professionals, law enforcement and state and local government, public health departments and the public.*

*My work with the Secure Virginia Panel has reinforced for me the absolute necessity of building bridges between and among public health officials, local and state governments, first responders, law enforcement agencies, health care providers and the legal counsel who advise each of these key players to achieve a higher level of preparedness to respond to public health emergencies. Effective response to widespread health emergencies may require limitations on individual civil liberties such as restriction of movement, confinement to home, required reporting to centers for screening or immunization and other measures. It may also require public health authorities to take control of private medical care facilities such as hospitals, clinics and even physician offices in order to effectively enforce isolation and quarantine mandates. These measures are both unprecedented in recent history and evoke surprise and dismay as private property rights and personal liberties are limited. The time to discuss the complexities of these situations is before emergencies arise, not in the midst of the crisis.*

*There is a unique role for those of us in the private practice of law to participate in the effects like the Community Public Health Legal Preparedness Initiative to bring together interested parties in an effort to communicate and achieve tangible progress to enhance preparedness; in other words to, "climb out of the silo." I encourage you to use these materials and conduct forums within your state.*

## II. DESIGNING YOUR WORKSHOP

This Guide is a resource that health-care and public health attorneys can use to organize CPHLPI workshops in their own communities. The suggestions which follow are derived directly from the planning process used in the three 2003-2004 workshops. From the planning committee composition to the range of professionals in attendance to the substantive content covered, each workshop has been unique. Each was customized to meet the needs of the given community. The objective, however, is the same for all: to bring together attorneys representing public health and health-care providers for dialogue and education on community public health legal preparedness.

This section of the Guide outlines steps in planning and implementing a successful workshop. Part A, GETTING STARTED, outlines the roles and responsibilities of the workshop director, the objectives and goals of the workshops, and participant learning objectives. Part B, DEVELOPING THE WORKSHOP AGENDA, contains a detailed overview of a sample one-day workshop. Finally, THE TEN ESSENTIAL STEPS to planning and implementing your CPHLPI workshop are detailed in Part C.

### A. GETTING STARTED

**Workshop Directors:** Workshop directors, or co-directors, catalyze the CPHLPI workshops and take the lead in:

- Identifying key participants to serve on the planning committee,
- Initiating and coordinating all conference planning committee meetings,
- Ensuring job tasks are appropriately delegated and completed on time, and
- Fostering coordination and team work among committee members.

Workshop directors are volunteers (and may be either public health attorneys, health care attorneys, public health practitioners, or a combination of the above), with an interest and background in public health legal preparedness issues. In addition, the career stage of individuals might need to be considered. Because of the amount of time involved in planning a workshop, attorneys in senior positions who can devote a significant amount of time to workshop preparation and organization may be best suited to serve in this capacity.

**Workshop Objectives:** CPHLPI workshops should aim to:

- Inform health-care attorneys about the laws pertinent to public health emergencies in their own jurisdictions,
- Clarify the legal issues their clients may face during a public health emergency,
- Educate participants on the public health infrastructure in their state, including the role of the federal, state, and local governments,
- Present legal concepts related to public health authorities, especially those applicable to a public health emergency,
- Identify, prioritize, and plan for additional partnership projects, and

- Form working partnerships between public health and health-care attorneys in each jurisdiction.

**Learning Objectives:** After participating in a CPHLPI workshop, participants should be able to, at a minimum:

- Describe the major, potential public health emergencies faced by their community,
- Explain the potential impact of public health emergencies for public health and health care organizations in their community, and
- Identify the principal legal authorities invoked in typical public health emergencies, and explain the implications those laws and authorities have for public health and health care organizations in the community.

## B: DEVELOPING THE WORKSHOP AGENDA

The CPHLPI workshop agenda, developed by the workshop director and planning committee, will ultimately serve as the master plan or road map for the workshop. While an agenda for a sample one-day workshop is described in detail below, the agenda developed in a given community should reflect the vision of the planning committee and it should be customized to meet the needs of the jurisdiction. For example, while the Atlanta and Houston workshops were day-long events, the Tulsa planning committee chose to limit their program to a half-day workshop. Agendas from the three initial workshops are included in *Section III: Samples*.

### Morning Session:

In the three initial workshops, the morning session was devoted to substantive educational presentations on issues relevant to public health emergencies and the law. This session lays the foundation for a shared understanding of the general operational and legal issues that are activated by public health emergencies.

At the designated start time, the workshop director or designated speaker should introduce himself or herself and the workshop. It is typical for several members of the planning committee to give brief welcome remarks. The chair of the health law section of the local bar association, the community's public health director, or a local elected official might also provide a brief welcome.

<b>SAMPLE ONE-DAY WORKSHOP FORMAT:</b>	
	<b>MORNING</b>
	Participants convene for a series of concise presentations to establish common understanding of the legal and public health context: <ol style="list-style-type: none"> <li>1. The Role of Attorneys in Public Health</li> <li>2. Overview of the State Public Health System</li> <li>3. State Emergency Health Powers</li> <li>4. Public Health Law and Individual Liberties</li> </ol>
	<b>AFTERNOON</b>
	Breakout sessions on focused topics (or address through tabletop exercises), for example: <ol style="list-style-type: none"> <li>1. Privacy</li> <li>2. Management of People</li> <li>3. Control of Property</li> <li>4. Liability and Indemnification</li> </ol> <p>Participants return to plenary session to crystallize lessons learned, address unresolved issues, and identify follow-up action steps.</p>

Introductory remarks could cover points such as:

A description of the Community Public Health Legal Preparedness Initiative:

- The backdrop of new and emerging threats,
- The goals of the Initiative, and
- The related role of the U.S. Centers for Disease Control and Prevention, the American Bar Association, and the Public Health Law Association.

An overview of the workshop:

- How it fits into the community's overall preparedness planning efforts,
- Learning objectives,
- Faculty and learning materials, and
- The day's agenda.

**Topical Presentations:**

The planning committee should determine the order and substance of the topical presentations given in the morning, and the time allotted for each. Recommended presentation topics include:

- Basic public health terminology
- Sources and scope of state public health powers
- Public health surveillance and outbreak investigations
- State emergency public health powers
- State Public Health Infrastructure

**Afternoon Breakout Sessions:**

In Atlanta, Houston, and Tulsa, the focus shifted in the afternoon to an intensive review of legal topics directly related to the impact of public health emergencies on hospitals and health care systems.

One option for the afternoon is a set of breakout sessions on topics of primary concern to attendees such as medical privacy, persons and property issues, and liability and indemnification. To promote the concept of peer-to-peer exchange, and because the morning sessions are generally better suited to be led by public health professionals and lawyers, members of the health-care bar may be provided the opportunity to facilitate these afternoon breakout groups. The facilitators should be chosen early in the planning process to ensure that they have sufficient time to develop a working knowledge of the content presented.

Another, more practice-oriented option would be to use a disease outbreak scenario to stimulate discussion (for a sample scenario, see *Section III: Samples*). If this format is chosen, the scenario should be distributed and read to the large group prior to dismissal into breakouts. The groups should be labeled according to the issue they will be discussing, such as communications, persons and property issues, and privacy.

A recorder should be present in each break-out group, and a reporter should be selected to report the findings and unresolved issues to the large group during the final plenary session.

The planning committee should determine the order and substance of afternoon session presentations or break-out groups and the time allotment. Recommended presentation or breakout group topics include issues surrounding:

- Federal Emergency Medical Treatment and Active Labor Act,
- Freedom of Information Act,
- Medical privacy issues,
- Health Insurance Portability and Accountability Act,
- Persons and property issues,
- Liability and indemnification, and
- Communication

While the participants are listening to the morning session presentations, the workshop director, or a designated person, should be preparing for the afternoon breakout groups. Breakout group assignments and room numbers should be announced as the attendees return from lunch.

### **Final Plenary Session:**

The purpose of the final plenary session is to draw together what has been learned, to highlight points made, summarize key facts and ideas, and discuss findings that may have surfaced during the workshop. The facilitator of the final plenary session should be prepared to base his or her closing remarks on information gleaned from the day's events. He or she should take notes during the morning session, circulate among the groups during afternoon or break out session, and create a synthesized list of salient issues that surfaced during the workshop. This list may also include the facilitator's own observations and potential jurisdiction-specific follow-up activities or projects.

Don't forget to distribute evaluation forms. Sample evaluations can be found in *Section III: Samples* of this Guide.

## **C. THE TEN ESSENTIAL STEPS**

The following ten steps have been designed to provide the basic information necessary to plan and implement your community's CPHLPI workshop. It should be understood that for every "essential step" listed, there may be some circumstance in which modification or customization seems appropriate. As is true of this guide as a whole, these steps are distilled from the three initial workshops and are offered as suggestions. You are encouraged to adapt these steps to the unique needs and goals of your community.

### **STEP 1: ESTABLISH AND CONVENE A LOCAL PLANNING COMMITTEE**

Approximately twelve weeks prior to the workshop, a local planning committee should be established and a meeting convened. Sample planning meeting agendas can be found in *Section III: Samples*. The local planning committee should be multi-disciplinary. It should consist of public health and private healthcare attorneys who are knowledgeable in public health and/or healthcare law and are able to contribute to the shaping of the educational purposes of the workshop as well as to its organization.

The planning committee should have at least two members whose clients include local hospitals or health systems, and active participation from the legal counsel to the local health department.

Sources of potential planning committee members, in order of importance, include:

- State and local bar associations,
- State and local health departments, including health officers, legal counsel, public health emergency program professionals,
- State societies of health care attorneys,
- City and county attorneys,
- Offices of the state's attorney general,
- Schools of public health, and
- Schools of law.

Once the committee is formed, a meeting is held to:

- Introduce planning committee members to each other and develop a shared understanding of the purposes of the workshop,
- Develop the goals and learning objectives of the workshop,
- Identify any jurisdiction-specific workshop objectives,
- Determine the workshop format,
- Establish the date and site of the workshop,
- Create a list of invitees,
- Develop a timeline for planning the workshop, and
- Create a list of tasks which must be completed and assignments for committee members.

Individual planning committee members may volunteer to:

- Develop the program agenda,
- Identify course participants from their sector,
- Select and confirm speakers/presenters,
- Identify possible sponsors,
- Develop a promotion and publicity plan,
- Develop a budget,
- Select a site,
- Apply for CLE credit,
- Assemble curricular materials,
- Participate in the registration (pre-registration or onsite) process, and
- Provide administrative support during the workshop.

An additional item to consider is that extra help will be needed on the day of the workshop. Depending on the workshop size, help in the registration area will be crucial. Additionally, having the use of runners will allow things to proceed smoothly. Consider asking a local law school and/or school of public health for student volunteers to serve in this capacity.

One face-to-face meeting should be sufficient to begin the planning process. Subsequent planning committee meetings can be held via conference call with later communication by phone and email.

## **STEP 2: DEVELOP SPONSORSHIP AND BUDGET PLAN**

At its initial meeting, the planning committee should discuss soliciting sponsors for the workshop and begin development of a budget. Workshops costs should be covered by income generated from workshop registration fees or through financial sponsorship.

When planning the budget, consider:

- The venue, its facilities, and resources,
- Meals and refreshments,
- CLE application fees,
- Any costs associated with presenters or speakers,
- Audiovisual or other equipment not supplied by the site,
- Announcement and invitation printing; copying, and
- Promotions and marketing.
- 

Keep in mind, CPHLPI workshops can be held successfully with minimal expense. Participant travel, typically, is the main cost item. Nonetheless, the planning committee should determine, early on, whether sponsorship is needed, so that attendees are not deterred from attending due to cost.

A natural sponsor for a workshop is the state bar association, health law section or division. Other co-sponsors might be a department or division of a local school of public health, the legal department of a state department of public health, an Attorney General's office, or a similar governmental unit with a public health or legal mission.

The earlier a potential sponsor is involved, the better the relationship and outcome will likely be. Ideally, sponsors can help with marketing and build awareness of the importance of community public health legal preparedness among their constituents.

## **STEP 3: SELECT FACILITIES AND DATE**

The site for the Atlanta workshop was the Rollins School of Public Health at Emory University. Having the program on the Emory campus made it possible for faculty from both the School of Public Health and the Law School to attend easily. Also, the school did not charge a facility fee, which helped keep costs of the workshop down.

The Houston workshop was held at the University of Houston Law Center. The Law Center was a co-sponsor of the event and an ideal location because it had ample space to accommodate general sessions, breakout sessions, lunch, and breaks. A nominal fee of \$20 per attendee was charged to cover lunch, CLE credits, and parking.

The planning committee for the Tulsa pilot decided to convene the workshop as a pre-conference meeting of the Oklahoma Public Health Association's annual meeting. This not only precluded paying a facility fee, but having the workshop as a part of a larger conference attracted more attendees from the public health sector and stimulated interaction and networking.

When selecting a facility, you will want to consider these basic criteria:

1. Size of the venue and suitability of the space,
2. Costs for use of the site and what is included in the price,
3. Geographic accessibility for workshop attendees,
4. Availability of parking,
5. Access for people with disabilities,
6. Time allowed by the venue for set-up and pack-up before and after the workshop,
7. Equipment you may need and whether the venue will provide it, and
8. Audio-visual technicians, if needed.

As described above, a typical workshop consists of presentations in the morning, breakout groups in the afternoon, and reassembly into the large group for the final plenary session at the end of the day. There should be adequate space to comfortably accommodate this sort of program.

In selecting a date and time for the program, the program planning committee and sponsors should check for conflicting programs by bar associations and public health programs.

#### **STEP 4: TARGET THE AUDIENCE**

The strategic goal of the Initiative is to build strong working partnerships between health-care attorneys and public health attorneys across the full spectrum of health law practice. Representatives from both the health law sector and public health sector should take the lead in developing separate lists of invitees from their sectors, including, but not limited to, the following:

- Health-care attorneys holding leadership roles in community, state or national health law associations,
- The primary in-house and external counsel for the major hospitals and health systems in the area,
- Directors of local public health departments and their legal counsel, and
- Representatives of other agencies, and organizations involved in public health emergency preparedness and response.

Once the planning committee has identified its intended audience, the group can decide on the desired multi-disciplinary mix and the optimal number of participants.

#### **STEP 5: APPLY FOR CONTINUING LEGAL EDUCATION (CLE) CREDITS**

Most states allow attorneys to apply for continuing legal education (CLE) credit with the state bar independently. In addition, the planning committee should consider partnering with a state-approved continuing legal education sponsor or to apply for CLE accreditation prior to the workshop. Offering CLE credit encourages participation in the workshop.

Most states accept the Form 1 Universal Application for Approval of a CLE Course. The Form 1 is traditionally used by providers and/or sponsors who are seeking course

approval for specific, often one-time programs. There is often a fee associated with applying for CLE accreditation. This is paid by either the workshop sponsor or the individual attorney requesting credit. A copy of the Form 1 can be obtained by visiting [www.cleusa.com/uniformapp.pdf](http://www.cleusa.com/uniformapp.pdf).

In many states, providers may operate under an Accredited or Presumptively Approved status, in which case other forms may be necessary to notify or apply for course accreditation. Most states require supporting documentation, such as a brochure or timed outline, explaining course objectives and content. Some also require information on presenters. Most states require this material and the Form 1 application to be submitted at least 30 days prior to the event. However, this submission deadline varies. For specific information on the application process in your state, contact your state bar association. Contact information for those state bar associations requiring mandatory continuing legal education can be found by visiting the American Bar Association Center for Continuing Legal Education at [www.abanet.org/cle/manstates.html](http://www.abanet.org/cle/manstates.html).

## **STEP 6: IDENTIFY SPEAKERS, GROUP LEADERS, MODERATORS, AND RECORDERS**

The planning committee for the Atlanta workshop was able to ensure faculty participation by key leaders from the Health Law Section of the State Bar of Georgia, a number of public health officials—including the Director of the Georgia Division of Public Health, and public health attorneys, as well as speakers from the CDC. The Houston workshop featured presentations by the general counsel to the state public health department and physicians from area public health agencies and hospitals. The Tulsa workshop drew heavily on speakers from the Southwest Center for Public Health Preparedness at the University of Oklahoma Health Sciences Center and from the School of Public Health.

Depending on the program format the planning committee chooses, the afternoon program may consist of break-out sessions on topics directly related to the impact of public health emergencies on hospitals and health systems. Ideally, each breakout group should have two facilitators, one a public health lawyer, and the other a private sector health care attorney. A recorder should participate in each session to make note of key concerns and themes presented during the sessions.



**Helpful Hint:** If several participants who work in the same sector are assigned to the same breakout group, consider dividing them into separate groups. This will facilitate cross-disciplinary integration and formation of potential partnerships.

## **STEP 7: MARKETING AND PROMOTION**

Marketing and promotion should begin no later than six weeks prior to the workshop. A broadcast email, fax, or letter may be sent to invitees including members of the local or state health law section of the bar and legal counsel to the local health department.

The planning committee member tasked to promote the workshop should develop an announcement that can be distributed via email, fax, or U.S. mail. This process may include mail-outs, if budget allows, to individuals and local organizations, hospitals, and

law firms with a health law practice group. Remember to include information on the pre-registration process.



**Helpful Hint:** The planning committee may also consider contacting local television and radio stations in the community to inform them about the workshop and/or invite them to attend. The planning committee in Tulsa chose to invite a local television news anchor to moderate the afternoon panel. This provided publicity for the workshop and the additional benefit of news coverage of the community's public health legal preparedness efforts. Keep in mind, however, that before any portions of the workshop are videotaped, permission should be obtained from the speakers.

## **STEP 8: PRE-REGISTER PARTICIPANTS**

While onsite registration of participants is an option, evaluation of the 2003-2004 workshops indicates that pre-registration is ideal.

The pre-registration process provides a head count, which in turn helps in the site selection process, lunch orders, and marketing. Early identification of workshop participants should also prevent last-minute rushing to assemble extra participant packets and make copies.

In CPHLPI workshop announcements and invitations, consider providing several mechanisms (email, fax, telephone, website) to pre-register for the workshop. Set a due date of about one week before the workshop, to allow enough time to develop the appropriate number of participant packets and presentation copies.

The announcements should also include contact information for the person responsible for registration, so that participants can correspond directly with this person. This person also needs to create and maintain a database of registrants with names, addresses, telephone numbers, email addresses, job titles, and organizational affiliations. This database can be used to prepare a participant roster, name tags, and to track any necessary CLE information.

## **STEP 9: DEVELOP PARTICIPANT INFORMATION PACKETS**

If registration is required, participants should receive via email, a packet containing the workshop agenda, background readings, a participant roster, key sections of relevant state law, and other items selected by the planners. Alternatively, the planning committee may opt to simply provide this packet during registration.

The materials assembled in the packet may vary from location to location, but should include:

1. The workshop agenda,
2. Faculty biographies,
3. Learning objectives,
4. Relevant articles and reference materials,
5. Relevant state public health laws,
6. Participant roster,
7. Other jurisdiction-specific materials,

8. Disease outbreak scenario (optional),
9. Blank name tags, and
10. Workshop evaluation form.

Text of presentations is typically very difficult to acquire before the workshop. A strict deadline for presentations should be considered, and follow-up is imperative.

## STEP 10: PRESENT THE PROGRAM

While both the Atlanta and Houston workshops were day-long events, the Tulsa planning committee chose to limit its program to a half-day workshop. Items to consider include:

**Onsite Registration:** It is recommended that registration begin 30-45 minutes before the workshop is scheduled to start.

**Sign-in sheets:** Sign-in sheets, with the names of the pre-registered participants should be used. A typical sign-in sheet should have a place for the course attendee to sign or initial for CLE credit, but you will need to consult your state bar association (contact information is included in this Guide) for the correct procedure. People who have not pre-registered should sign in on a blank sheet or at the bottom or back of an existing sheet. Make sure to transcribe this information into the participant database.

**Supplies:** Registration supplies should include:

- Participant packets,
- Registration lists,
- Pens/pencils/markers,
- Stapler and staples,
- Nametags,
- Cash box, if needed, and a
- Receipt book.



**Helpful Hint:** At the Houston workshop, the registration tables were staffed by student volunteers from the University of Houston Law Center. In exchange, the students' registration fee was waived, and they were able to attend the workshop, as observers, without cost. A group of 5-10 students is likely adequate.

**Breaks:** Suggested break times are provided in the sample workshop agendas included in *Section III: Samples*. As a basic rule, one ten-minute break should be provided per hour, and also between the afternoon breakout sessions.

If your budget allows, beverages, including coffee and light snacks, will be well-received when attendees first arrive in the morning and at mid-morning and mid-afternoon breaks.

Providing lunch is also recommended to reduce participants' time away from the workshop facility. If it is not possible to provide lunch on site, provide a list of nearby quick-lunch locations and allow adequate time for the lunch break.

**Evaluations:** Make sure to allow sufficient time at the conclusion of the workshop for participants to complete evaluations. The planning committee should design an evaluation instrument that aims to capture both strengths and weaknesses of the workshop. Evaluations can take many forms, such as questionnaires, checklists, rating scales, multiple choice questions, open-ended questions, etc. The challenge arises in trying to design your evaluation instrument carefully so that you get the information you need, but ensure that it does not require too much time to complete.

The Houston planning committee opted for the questionnaire format. The Tulsa planning committee used a combination of a pre-and post-test. Samples of both versions are included in *Section III: Samples*.

**Follow-up Meeting on Future Projects:** The workshop will almost certainly stimulate interest in additional, collaborative projects involving health-care and public health attorneys. The planning committee may wish to convene a meeting, after the workshop, to plan future collaborative activities. If recorders attend the workshops, they should be asked to prepare reports of the key issues and themes presented. The planning committee can review these reports and develop a list of possible follow-up activities. Examples might include the development of:

- A state or locality-specific public health emergencies law manual,
- Desk books or bench books on public health and public health law,
- White papers or briefing memos on public health and public health law, and
- Electronic and print versions of community-specific legal resource guides for health-care counsel.

**Closing the Loop: Please Provide Feedback:** The CDC Public Health Law Program, the Health Law Section of the ABA, and the Public Health Law Association are eager to learn about your community's workshop and its impact. Please share the results of your CPHLPI workshop by completing a **CPHLPI Workshop Impact Form**. An electronic version of this form can be found on the CDC Community Public Health Legal Preparedness Initiative website: [www.phppo.cdc.gov/od/phlp/](http://www.phppo.cdc.gov/od/phlp/). In addition, this form can also be found in *Section IV: Resources* of this Guide. Please complete this form, and return it within 2 weeks of the implementation of your CPHLPI workshop to:

Montrece McNeill Ransom, JD  
The Public Health Law Program  
4770 Buford Hwy MS K-36  
Atlanta, GA 30341  
Re: Workshop Impact Form

Fax: 770-488-2420

## III. SAMPLES

### A. PLANNING MEETING AGENDA: HOUSTON

#### COMMUNITY LEGAL PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES PLANNING MEETING

City of Houston Health and Human Services Department  
8000 North Stadium Drive, 8th Floor Conference Room  
January 22, 2004  
10:00 am - 3:00 pm

**ATTENDEES:**

Amy Reddell; Daphine Sands; Amy Yenyoy; Joan Krause; Marva Gay; Montrece Ransom; Susan Steeg; Dr. Mary desVignes-Kendrick; and Dr. Celine Hanson

**AGENDA:**

1. Confirm Sponsoring Organizations (e.g., Local bar associations, local health departments, law schools, etc.)
2. Select location for the workshop
3. Set the date and time for the workshop
4. Complete list of invitees ("starter list" to be distributed before the meeting by Steeg)
5. Complete the proposed workshop agenda (identify speakers and moderators; topics for the breakout sessions)
6. Assignments
  - a. Invite/confirm speakers and moderators
  - b. Develop announcements (email and letter)
  - c. Distribute announcements
  - d. Logistics/concessions
  - e. Develop agenda and handouts
  - f. Apply for CLE credit

## B. TASK LISTS: HOUSTON AND TULSA

CPHLPI HOUSTON: TASK	DATE DUE	ASSIGNED TO	STATUS	COMMENTS
1. Confirm Facility	ASAP	Joan	Confirmed	Facilities arranged for 3/26/04.
2. Confirm Organizations Presenting	2/15		Completed	
3. Confirm Speakers	2/15			
a. Prof. James Hodge		Montrece	Confirmed/Bio	Prof. Gostin is unavailable; Prof. James Hodge will present.
b. Heather Horton		Montrece	Confirmed/Bio	Heather Horton will speaker in place of Paula Kocher.
c. Local Public Health Infrastructure			Confirmed	Daphine will present. Bio requested 3/3.
d. Dr. Shook		Dr. Kendrick	Declined	3/7 Dr. Celine Hanson has agreed to present.
e. Dr. Kendrick		Daphine	Confirmed	Bio requested 3/3 from Daphine
f. Dr. Palacio		Marva	Confirmed	Bio requested 3/3
g. Dr. Hanson		Susan	Confirmed/Bio	
h. Sen. Janek		Susan	Confirmed/Bio	
i. Patricia Gray		Joan	Confirmed/Bio	
j. Dr. Hilliard		Rosa	Confirmed	Bio requested 3/3
k. Keith Davis		Sheryl	Confirmed/Bio	
l. Dr. Raouf Arafat		Daphine	Confirmed/Bio	
m. Dean Rapoport		Joan	Confirmed/Bio	Closing Remarks
n. Assoc. Dean Chandler		Joan	Confirmed/Bio	Welcoming Remarks
4. Confirm Date	ASAP	Montrece	Confirmed	3/26
5. CLE		Susan	Pending	3/10 Leah Gross confirmed that State Bar will be making decision in a couple of days
6. Videotaping		Joan	Confirmed	UHLC has capacity to videotape. Joan will follow though on the arrangements.
7. Conference Announcement-Development	2/26	Montrece	Completed	Fee will be \$20 (includes costs for lunch, CLE, and parking)
8. Conference Announcement Distribution	2/27			
a. County Entities		Marva	Completed	
b. City Entities		Daphine	Pending	3/12 Left message to check on status
c. State Agencies and Associations		Susan	Completed	
d. HBA Health Law Section		Amy R.	Completed	
e. GHSHRM		Amy R.	Completed	
f. Law Faculty/Students		Joan	Completed	
g. UT School of Public Health				
9. Develop Speaker Objectives	ASAP	Susan	Completed	2/10 Speaker objectives emailed to workgroup.
10. Update Task List	Ongoing	Susan		
11. Develop/Distribute Case Study	ASAP	Daphine	Completed	Daphine is working on a revised format
12. Identify and Reproduce Materials for Participants		Montrece Susan	Pending	
13. Logistics for 3/26		Amy R. Joan	Pending	
14. Speaker Info Packets	ASAP	Susan	Pending	Video Consent; Audio/Visual Requirements; Course Outline and Announcement
15. Registration Follow Up		Montrece	Pending	Notification of registration; parking info; etc.

<b>CPHLPI TULSA FEBRUARY 9, 2004: TASK LIST</b>			
<b>Status</b>	<b>Topic</b>	<b>Participant</b>	<b>Contact/Responsible Party</b>
Need Presentation	Introduction & Welcome	David Johnson	Brenda Elledge
Need Speaker, Obj., Outline, Test Questions, Presentation	Key Note Presentation CDC Perspective on Legal Preparedness	Representative from CDC	Gary Cox Montrece Ransom
Need Presentation	Public Health Infrastructure in OK	Gary Cox	Gary Cox
Need Presentation	Public Health Law: Individual Liberties	Ken Levitt and Peter Budetti	Peter Budetti
Need Presentation, Participant	Emergency Powers Act <i>2 Legislators being asked for back up purposes</i>	State Legislator	Gary Cox

<b>PANEL PARTICIPANT COMMITMENTS TO DATE:</b>			
<b>Status</b>	<b>Participant Role</b>	<b>Participant</b>	<b>Contact</b>
Send letter	County Health Administrator	Steve Ronck	Gary Cox
Send Letter	Hospital Legal Counsel	Jan Slater Anderson	Jan Slater Anderson
Need participant	Member of Judiciary <i>? Jane Watson</i>	?	Jan Slater Anderson
Need Participant	Legislative Leadership	?	Gary Cox
Send Letter	Public Health Legal Counsel	Nick Slaymaker	Vicki Cleaver
Send Letter	OK State Commissioner of Health	Mike Crutcher	Gary Cox
Need Participant	Representative from CDC	Speaker	Gary Cox, Montrece Ransom
Need Participant	Environmental Attorney	?	Madeline Robertson

	<i>Currently 2 possibilities</i>		
Send Letter	Secretary of Health	Tom Adelson	Peter Budetii
Need Participant	Native American Legal Counsel	?	Vicki Cleaver
Need Participant	US Attorney Office or Attorney General	Mark Parkman?	Vicki Cleaver/BE
<b>MARCH 2, 2004: TASK LIST UPDATE</b>			
<b>Status</b>	<b>Topic</b>	<b>Participant</b>	<b>Contact/Responsible Party</b>
Need Presentation	Introduction & Welcome	David Johnson	Brenda Elledge
Need Speaker, Obj, Outline, Test Questions, Presentation	Key Note Presentation CDC Perspective on Legal Preparedness	Heather Horton	Gary Cox Montrece Ransom
Need Presentation	Public Health Infrastructure in OK	Gary Cox	Gary Cox
Need Presentation	Public Health Law: Individual Liberties	Ken Levitt and Peter Budetti	Peter Budetti
Need Presentation, Participant	Emergency Powers Act <i>2 Legislators being asked for back up purposes</i>	State Legislator	Gary Cox

<b>PANEL PARTICIPANT COMMITMENTS TO DATE:</b>			
<b>Status</b>	<b>Participant Role</b>	<b>Participant</b>	<b>Contact</b>
Send letter	County Health Administrator	Steve Ronck	Gary Cox
Send Letter	Hospital Legal Counsel	Jan Slater Anderson	Jan Slater Anderson
Send Letter	Member of Judiciary	Judge Doris Francine	Jan Slater Anderson
Need Participant	Legislative Leadership	?	Gary Cox
Send Letter	Public Health Legal Counsel	Nick Slaymaker	Vicki Cleaver

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Send Letter	OK State Commissioner of Health	Mike Crutcher	Gary Cox
Send Letter	Representative from CDC	Heather Horton	Gary Cox, Montrece Ransom
Send Letter	Public Health Law Professor	Madeline Robertson	Madeline Robertson
Send Letter	Secretary of Health	Tom Adelson	Peter Budetii
Need Participant	Native American Legal Counsel	?	Vicki Cleaver
Send Letter	US Attorney Office or Attorney General	Mark Parkman	Vicki Cleaver/BE
Moderator: Karen Larson, Tulsa			

**C. WORKSHOP AGENDAS: ATLANTA, HOUSTON, AND TULSA**

<p align="center"><b>“LEGAL PREPAREDNESS TO RESPOND TO PUBLIC HEALTH EMERGENCIES”</b> February 21, 2003</p> <p align="center">Rollins School of Public Health of Emory University Rita Ann Rollins Room (8<sup>th</sup> Floor), 1518 Clifton Road, Atlanta, GA</p>			
8:30-8:50	<p>Introductions and Welcoming Remarks Gene W. Matthews, JD, Legal Advisor, Centers for Disease Control and Prevention (CDC)</p>	<p>Ruth L. Berkelman, MD, Director Center for Public Health Preparedness and Research Rollins School of Public Health</p>	<p>Rod G. Meadows, JD Meadows &amp; Fitch President-Elect, Health Law Section State Bar of Georgia</p>
8:50-9:30	<p>“Historic Role of Attorneys in Public Health and Vision for the Future” Gene W. Matthews, JD</p>	<p>Lori H. Spencer, JD Sutherland and Asbill &amp; Brennan LLP</p>	
9:30-10:00	<p>“The CDC Perspective on Legal Preparedness” David Fleming, MD, Deputy Director, CDC</p>		
10:00-10:15	<p>Break</p>		
10:15-10:45	<p>“Frontline Public Health: Surveillance and Outbreak Investigations” Richard A. Goodman, MD, JD Public Health Law Program, CDC</p>		
10:45-12:00	<p>“Emergency Public Health Powers, Federal Guidance/Georgia Response” Paula L. Kocher, JD Deputy Legal Advisor, CDC</p>	<p>Angela K. McGowan, JD, MPH EIS Officer Class of 2002, CDC</p>	<p>Yvette Daniels, JD Legal Services Division of Public Health, Georgia Department of Human Resources</p>
12:00-12:30	<p>“Georgia’s Public Health Infrastructure and Late Breaking News” Kathleen E. Toomey, MD, MPH, Director Division of Public Health, Georgia Department of Human Resources</p>		
12:30-1:30	<p>Lunch: “Public Health Emergencies, The Real ER Perspective” Speaker: Arthur L. Kellerman, MD, MPH Chairman, Department of Emergency Medicine, Emory University</p>		
1:40-4:30	<p>Afternoon Workshops</p>		
	<p align="center"><u>Medical Privacy</u></p> <p>Facilitator: Stanley J. Jones, Jr. Nelson Mullins Riley &amp; Scarborough 1:40-2:30 2:40-3:30 3:45-4:30</p>	<p align="center"><u>Person and Property Issues</u></p> <p>Facilitator: Adrienne Martin Powell, Goldstein, Frazer and Murphy 1:40-2:30 2:40-3:30 3:45-4:30</p>	<p align="center"><u>Liability and Indemnification</u></p> <p>Facilitator: Michelle A. Williams Alston &amp; Bird, LLP 1:40-2:30 2:40-3:30 3:45-4:30</p>
	<p align="center"><u>Group A</u></p> <p align="center">Medical Privacy (1:40-2:30)</p> <p align="center">Person and Property Issues (3:45-4:30)</p> <p align="center">Liability and indemnification and coverage in reimbursement/insurance coverage takings (2:40-3:30)</p>	<p align="center"><u>Group B</u></p> <p align="center">Medical Privacy (2:40-3:30)</p> <p align="center">Persons and Property Issues (1:40-2:30)</p> <p align="center">Liability and Indemnification (3:45-4:30)</p>	<p align="center"><u>Group C</u></p> <p align="center">Medical Privacy (3:45-4:30)</p> <p align="center">Persons and Property Issues (2:40-3:30)</p> <p align="center">Liability and Indemnification (1:40-2:30)</p>
3:30-3:45	<p>Break</p>		
4:30-4:45	<p>Closing Plenary Session</p>		

<p><b>“LEGAL PREPAREDNESS TO RESPOND TO PUBLIC HEALTH EMERGENCIES”</b>                      University of Houston Law Center                      Agenda (March 26, 2004)</p>			
<p>Presented By: Health Law Section - Houston Bar Association (HBA); City of Houston Health and Human Services Department (CHHSD); Health Law &amp; Policy Institute - University of Houston Law Center (UHLC); Harris County Public Health and Environmental Services (HCPHES); Office of the Harris County Attorney; Texas Department of Health (TDH); and Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC)</p>			
8:00-8:30	Registration and Continental Breakfast	Krost Hall, 2 <sup>nd</sup> Floor Lobby	
8:30-9:00	Introductions and Welcoming Remarks	Krost Hall Auditorium	
	<p>Presiding Officers:</p> <p>Amy Reddell, J.D.,                      Director of Legal Services, The                      Methodist Hospital; Chair, Health                      Law Section, HBA</p>	<p>Montrece Ransom, J.D.                      Attorney Analyst                      Public Health Law Program, CDC</p>	
	<p>Opening Remarks</p> <p>Seth J. Chandler, J.D.                      Associate Dean for Academic                      Affairs and Professor of Law,                      UHLC</p>	<p>Daphine Sands, J.D.                      Division Manager, Support Services,                      Office of the Deputy Director,                      CHHSD</p>	
9:00-10:00	<p>“Know Your Public Health Infrastructure: Roles and                      Responsibilities of                      Federal, State, and Local Government”</p> <p>Heather Horton, J.D., M.H.A.                      Senior Attorney, Office of the                      General Counsel, DHHS,                      Public Health Division -                      CDC/ATSDR</p> <p>Susan K. Steeg, J.D.                      General Counsel, TDH</p>	<p>Daphine Sands, J.D.                      Division Manager, Support Services                      Office of the Deputy Director,                      CHHSD</p>	
10:00-10:15	BREAK		
10:15-11:00	<p>“Challenges Facing Attorneys in Public Health Matters”</p> <p>James G. Hodge, Jr., J.D., LL.M., Deputy Director, Center for                      Law and the Public’s Health, Johns Hopkins Bloomberg School                      of Public Health</p>	Krost Hall Auditorium	
11:00-11:45	<p>“A Physician’s Perspective on Legal Issues Faced in a Public                      Health Emergency”</p> <p>Celine Hanson, M.D., Professor of Pediatrics                      Allergy/Immunology Section, Baylor College of Medicine (BCM)</p>	Krost Hall Auditorium	
11:45-12:00	BREAK		
12:00-1:00	<p>LUNCH</p> <p>“Importance of Community Legal Preparedness Planning”</p> <p>Mary DesVignes-Kendrick,                      M.D.                      Former Director, CHHSD</p> <p>“The Process of Enacting Public Health Legislation”</p> <p>Senator Kyle Janek, M.D.                      Vice-Chair, Health and Human Services Committee, Texas                      Senate</p>	<p>Bates Law Building, Room 240</p> <p>Celine Hanson, M.D.                      Professor of Pediatrics,                      Allergy/Immunology Section, BCM</p>	
1:00-1:15	BREAK		
1:15-2:00	<p>“Case Studies: Tropical Storm Allison and What Happens When                      the First Case of SARS Presents in the Emergency Room”</p> <p>Patricia Gray, J.D.                      Moderator                      Former Chair, Public Health                      Committee, Texas House of                      Representatives</p> <p>Margo Hilliard-Alford, M.D.,                      Senior Vice President,                      Administrator,                      Lyndon Baines Johnson                      Hospital, Harris County Hospital                      District</p> <p>Keith Davis                      Assistant Vice President, BCM</p>	<p>Bates Law Building, Room 240</p> <p>Raouf R. Arafat, M.D., M.P.H.                      Chief, Bureau of Epidemiology,                      CHHSD</p> <p>Robbie Owen Clements, J.D.                      Senior Assistant County Attorney                      Community Protection Division                      Office of the Harris County Attorney</p>	
2:00-3:00	Workgroups		
	<p>Persons and Property                      (Moderator-Robbie Clements)                      Bates Law Building, Room 240</p>	<p>Liability and Coverage                      (Moderator-Katherine A. White)                      Bates Law Building, Room 209</p>	<p>Communications                      (Moderator-Daphine Sands).                      Bates Law Building, Room 144</p>

3:00-3:15	BREAK	
3:15-3:45	Reports from workgroups; prioritize issues; identify next steps	Bates Law Building, Room 240
3:45-4:00	Closing Remarks and Adjourn Nancy B. Rapoport Dean and Professor of Law, UHLC	

<b>The Legal Aspects of Preparing Communities for Public Health Emergencies</b> April 1, 2004 Adams Mark Tulsa Hotel, Tulsa, OK	
7:30-8:00	Registration and Pre-Test
8:00-8:15	Welcome and Introduction  David L. Johnson, Ph.D., Professor and Chair, Department of Occupational and Environmental Health, and Director, Southwest Center for Public Health Preparedness, University of Oklahoma Health Sciences Center, College of Public Health
8:15-9:15	Keynote Presentation: The Community Public Health Legal Preparedness Initiative  Montrece McNeill Ransom, JD, Attorney Analyst Public Health Law Program, CDC
9:15-9:45	The Oklahoma Public Health Infrastructure  Gary Cox, JD, Director, Tulsa City-County Health Department
9:45-10:15	Public Health Law and Individual Liberties  Peter P. Budetti, M.D., J.D., Bartlett Foundation Professor and Chair, Department of Health Administration and Policy, University of Oklahoma Health Sciences Center, College of Public Health  Ken Levitt, JD President University of Oklahoma, Tulsa
10:15-10:45	The Oklahoma State Emergency Powers Act Nick E. Slaymaker, J.D., Deputy General Counsel, Office of the General Counsel, Oklahoma State Department of Health
10:45-11:00	Break
11:00-12:45	Lunch and Panel Discussion  Moderator: Karen Larsen, Local Television News Anchor  <ul style="list-style-type: none"> <li>• Michael Crutcher, MD, MPH, OK State Commissioner of Health</li> <li>• Stephen W. Ronck, MPH, Deputy Commissioner, Community Health Services, OSDH</li> <li>• Nick E. Slaymaker, JD, Deputy General Counsel, OSDH</li> <li>• Montrece Ransom, JD Attorney Analyst, Public Health Law Program, CDC</li> <li>• Jan Slater Anderson, JD, MBA, Legal Counsel, St. John Hospital</li> <li>• Madeline Robertson, MD, JD, Associate Professor of Public Health Law, Department of Health Administration and Policy, University of Oklahoma College of Public Health</li> <li>• Judge Doris L. Fransein</li> <li>• Thomas Adelson, Oklahoma State Secretary of Health</li> <li>• Mark Parkman, Intelligence Research Specialist, US Attorney's Office</li> <li>• Jeff Standingbear, JD, General Counsel for the Osage Tribe</li> </ul>
12:45-1:00	Post Test and Evaluation

## D. POWERPOINT PRESENTATIONS: HOUSTON

### *A Physician's Perspective on Legal Issues Faced in a Public Health Emergency;*

Presented by: I. Celine Hanson, M.D.,  
Professor of Pediatrics, Texas Children's Hospital

<p><b>A Physician's Perspective on Legal Issues Faced in a Public Health Emergency</b></p> <p>I. Celine Hanson, M.D. Professor of Pediatrics, Texas Children's Hospital</p>	<p><b>Public Health Emergencies That Impact Hospitals</b></p> <ul style="list-style-type: none"><li>● Natural Disasters</li><li>● Bioterrorism Threats</li><li>● Radiation Exposures</li><li>● Chemical Exposures</li><li>● Explosions/Blasts with Mass Casualties</li><li>● Infectious Disease Outbreaks</li></ul> <p>Page 2 of 22</p>
<p><b>Hospital Response to Natural Disasters</b></p>  <ul style="list-style-type: none"><li>● Hospitalized patients must continue to receive care (safe house, resource availability, education)</li><li>● Clear and prompt community messages</li><li>● Outpatient care to local providers</li><li>● Efficient use of emergency rooms</li></ul> <p>Page 3 of 22</p>	<p><b>Legal Issues Surrounding Natural Disasters</b></p> <ul style="list-style-type: none"><li>● Access and ability to deliver recommended treatments<ul style="list-style-type: none"><li>▪ Medications—pharmaceutical caches (Local, State, Federal)</li><li>▪ Consent when primary caregiver is not available</li><li>▪ Consent when medical information is unavailable<ul style="list-style-type: none"><li>○ Obtunded, disoriented</li><li>○ Identification is unknown; patient unable to articulate</li></ul></li></ul></li></ul> <p>Page 4 of 22</p>
<p><b>Legal Issues Surrounding Natural Disasters</b></p> <ul style="list-style-type: none"><li>● Adherence to decontamination procedures<ul style="list-style-type: none"><li>▪ Physical limitations of the facility to conform with recommendations<ul style="list-style-type: none"><li>○ Lack of resources</li><li>○ Inability to communicate with experts</li><li>○ Staff unwillingness during crisis</li></ul></li></ul></li></ul> <p>Page 5 of 22</p>	<p><b>Legal Issues Surrounding Natural Disasters</b></p> <ul style="list-style-type: none"><li>● Patient admission and ER eligibility criteria<ul style="list-style-type: none"><li>▪ Admission limitations</li><li>▪ Limitation of ER use (acute care vs. prevention interventions)</li><li>▪ Community referral refusals</li><li>▪ Community referral abuses</li></ul></li></ul> <p>Page 6 of 22</p>

<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats &amp; Hospitals</b></p>  <ul style="list-style-type: none"> <li>● Prevention interventions for hospitalized patients and staff</li> <li>● Applicable acceptance of impacted citizens for treatment</li> <li>● Access to investigational and other treatments</li> </ul> <p style="text-align: right;"><small>Page 7 of 22</small></p>	<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats &amp; Hospitals</b></p> <ul style="list-style-type: none"> <li>● Decontamination procedures</li> <li>● Linkage with testing sites</li> <li>● Access to medical knowledge</li> <li>● Upgrade security</li> <li>● Clear and prompt community messages</li> </ul>  <p style="text-align: right;"><small>Page 8 of 22</small></p>
<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats &amp; Hospitals</b></p> <ul style="list-style-type: none"> <li>● Prevention Interventions             <ul style="list-style-type: none"> <li>▪ Compliance with indication of prevention measure                 <ul style="list-style-type: none"> <li>○ Staff refusal</li> <li>○ Staff demand when no indication for use</li> <li>○ Staff demand with contraindication for use</li> <li>○ Staff with unknown contraindication</li> </ul> </li> <li>○ Consent surrounding prevention medications                 <ul style="list-style-type: none"> <li>- Consent in employee deployment setting</li> <li>- Obtunded, disoriented patients</li> <li>- Care giver is not available, e.g., children</li> </ul> </li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 9 of 22</small></p>	<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats &amp; Hospitals</b></p> <ul style="list-style-type: none"> <li>● Prevention Interventions             <ul style="list-style-type: none"> <li>▪ Consent surrounding prevention medications                 <ul style="list-style-type: none"> <li>○ Consent requirements in deployment settings</li> <li>○ Obtunded, disoriented patients</li> <li>○ Caregiver is not available, e.g., children</li> </ul> </li> <li>▪ Employee Deployment                 <ul style="list-style-type: none"> <li>○ Insufficient Personal Protective Equipment</li> <li>○ Unknown risk from prevention interventions</li> <li>○ Incomplete real time deployment education</li> </ul> </li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 10 of 22</small></p>
<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats &amp; Hospitals</b></p> <ul style="list-style-type: none"> <li>● Impacted Citizen Treatment Issues             <ul style="list-style-type: none"> <li>▪ Access to specialized medical expertise/knowledge                 <ul style="list-style-type: none"> <li>○ Mental health resources</li> <li>○ Radiation treatment experts</li> <li>○ Chemical treatment experts</li> </ul> </li> <li>▪ Access to specialized treatments, e.g., ChemPaks, Hyper baric chambers                 <ul style="list-style-type: none"> <li>○ Insufficient treatment for the impacted population?</li> </ul> </li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 11 of 22</small></p>	<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats &amp; Hospitals</b></p> <ul style="list-style-type: none"> <li>● Impacted Citizen Treatment Issues             <ul style="list-style-type: none"> <li>▪ Admission eligibility issues</li> <li>▪ Inappropriate community referrals</li> <li>▪ Reimbursement for treatment</li> <li>▪ Liability surrounding risk from treatment                 <ul style="list-style-type: none"> <li>○ Center/individual refusal to treat to avoid personal risk</li> </ul> </li> <li>▪ HIPAA issues</li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 12 of 22</small></p>
<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats and Hospitals</b></p> <ul style="list-style-type: none"> <li>● Hospital Citizen Treatment Issues             <ul style="list-style-type: none"> <li>▪ Inability to meet guidelines for surge capacity                 <ul style="list-style-type: none"> <li>○ Hospital beds for 500 acutely ill patients/million                     <ul style="list-style-type: none"> <li>- Impact of incomplete flow plans, e.g., faulty triage, questioned discharge of non-emergent patients, incomplete or lacking documentation of referred/received individuals</li> </ul> </li> <li>○ Negative pressure HEPA-filtered isolation facilities                     <ul style="list-style-type: none"> <li>- Impact on patients using such services, e.g., transplant recipients, infectious diseases</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 13 of 22</small></p>	<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats &amp; Hospitals</b></p> <ul style="list-style-type: none"> <li>● Hospital Employee Treatment Issues             <ul style="list-style-type: none"> <li>▪ Unknown employee risk related to direct citizen treatment</li> <li>▪ Unknown employee risk related to impacted citizen exposure (vertical transmission issues)</li> <li>▪ Risk-related issues for “volunteers” (non-employees) if hospital with critical staff shortage</li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 14 of 22</small></p>

<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats &amp; Hospitals</b></p> <ul style="list-style-type: none"> <li>● <b>Decontamination Procedures</b> <ul style="list-style-type: none"> <li>▪ Lack of or insufficient equipment                             <ul style="list-style-type: none"> <li>○ PPE</li> <li>○ Other</li> </ul> </li> <li>▪ Interim guidance                             <ul style="list-style-type: none"> <li>○ Adherence, culpability once final guidance established, e.g., hospital worker exposures</li> </ul> </li> </ul> </li> <li>● <b>Investigational Treatments</b> <ul style="list-style-type: none"> <li>○ Consent or waived consent options</li> <li>○ Long-term outcomes and culpability</li> <li>○ HIPAA issues</li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 15 of 22</small></p>	<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats &amp; Hospitals</b></p> <ul style="list-style-type: none"> <li>● <b>Testing and Referral to Testing Sites</b> <ul style="list-style-type: none"> <li>▪ Culpability for “field” tests</li> <li>▪ Inappropriate referral to hospital as testing sites                             <ul style="list-style-type: none"> <li>○ Testing refusal</li> </ul> </li> </ul> </li> <li>● <b>Security Issues</b> <ul style="list-style-type: none"> <li>▪ Institutional liability surrounding exposure</li> <li>▪ On-time training for security personnel, whose responsibility?</li> <li>▪ Security flow decisions on-site, whose signage and whose responsibility?</li> <li>▪ HIPAA issues</li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 16 of 22</small></p>
<p><b>Bioterrorism, Radiation, Chemical or Explosion/Blast Threats &amp; Hospitals</b></p> <ul style="list-style-type: none"> <li>● <b>Community Messages</b> <ul style="list-style-type: none"> <li>▪ Incorrect or confusing community messages that include hospital information</li> <li>▪ Media confidentiality breaches at treating hospitals</li> <li>▪ HIPAA issues</li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 17 of 22</small></p>	<p><b>Hospital Response to Community Infectious Disease Outbreaks</b></p>  <ul style="list-style-type: none"> <li>● Impact on hospitalized patients (optimize infection control measures)</li> <li>● Define use of hospital to treat impacted community</li> <li>● Efficient use of emergency rooms</li> <li>● Clear and prompt community messages</li> </ul> <p style="text-align: right;"><small>Page 18 of 22</small></p>
<p><b>Legal Issues Surrounding Community Infectious Disease Outbreaks</b></p> <ul style="list-style-type: none"> <li>● <b>Infection control measures for the already hospitalized patient</b> <ul style="list-style-type: none"> <li>▪ Limit exposure to the community risk, assumes that the community risk is defined, e.g., SARS</li> <li>▪ Access to appropriate prevention equipment, culpability for inability to access (not cost-related)</li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 19 of 22</small></p>	<p><b>Legal Issues Surrounding Community Infectious Disease Outbreaks</b></p> <ul style="list-style-type: none"> <li>● <b>Define use of hospital to treat impacted community members</b> <ul style="list-style-type: none"> <li>▪ Example: SARS                             <ul style="list-style-type: none"> <li>○ Quarantine issues</li> <li>○ EMTALA applicability</li> <li>○ State/Federal government authority</li> <li>○ Reimbursement for treatment</li> </ul> </li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 20 of 22</small></p>
<p><b>Planning and Educational Pre-Event Opportunities</b></p> <ul style="list-style-type: none"> <li>● <b>Pre-event planning</b> <ul style="list-style-type: none"> <li>▪ Assume emergency plans not implemented seamlessly                             <ul style="list-style-type: none"> <li>○ Review EMTALA (other legal tools) in pre-event settings</li> </ul> </li> <li>▪ Test modifications/new tools in natural disasters or small outbreak settings</li> <li>▪ Evaluate business continuity plans for legal breaches/issues in mass casualty setting</li> </ul> </li> <li>● <b>Education</b> <ul style="list-style-type: none"> <li>▪ Distribution/training with competency documentation of developed pre-event planning tools</li> <li>▪ Workshops like these for public and private sector healthcare providers and attorneys                             <ul style="list-style-type: none"> <li>○ Too often NOT included in BT forums</li> </ul> </li> </ul> </li> </ul> <p style="text-align: right;"><small>Page 21 of 22</small></p>	<p><b>Speaker Contact Information:</b></p> <p style="text-align: center;">I. Celine Hanson, M.D. ihanson@bcm.tmc.edu 832-824-1319</p> <p style="text-align: right;"><small>Page 22 of 22</small></p>

The Federal Response to Recent Public Health Emergencies,  
 Presented by: Heather Horton, J.D., M.H.A.,  
 Senior Attorney, Office of the General Counsel, Department of Health and  
 Human Services, Public Health Division - CDC/ATSDR Branch

 <p>DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> <p><b>The Federal Response to Recent Public Health Emergencies</b></p> <p>Legal Preparedness Workshop          Houston, Texas, March 26, 2004</p> <p>Heather Horton, JD, MBA          Centers for Disease Control and Prevention (CDC)          (404)639-7200          hhorton@cdc.gov</p> 	<p><b>Federal Public Health Functions</b></p> <ul style="list-style-type: none"> <li>• International</li> <li>• Interstate</li> <li>• Federal Funding and Assistance</li> </ul> <p>SAFER • HEALTHIER • PEOPLE™ <small>Page 2 of 24</small></p>
<p><b>Recent Public Health Emergencies and Potential Emergencies</b></p> <ul style="list-style-type: none"> <li>• 9/11 and Anthrax</li> <li>• Smallpox</li> <li>• SARS</li> <li>• Monkeypox</li> <li>• Avian Influenza</li> </ul> <p>SAFER • HEALTHIER • PEOPLE™ <small>Page 3 of 24</small></p>	<p><b>9/11</b></p> <ul style="list-style-type: none"> <li>• 2,823 killed in attacks on the World Trade Center</li> <li>• HHS Secretary Tommy Thompson declared a public health emergency on 9/11 under §319 of the Public Health Service Act</li> </ul> <p>SAFER • HEALTHIER • PEOPLE™ <small>Page 4 of 24</small></p>
<p><b>Secretary's Declaration of a Public Health Emergency</b></p> <p><b>Determination that a Public Health Emergency Exists</b></p> <p>As a consequence of the acts of terrorism committed against the United States of America on this date and after consultation with the Assistant Secretary for Health, I, Tommy G. Thompson, Secretary of the U.S. Department of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby determine that a public health emergency exists.</p> <p>September 11, 2001  <small>Date</small></p> <p>_____      Tommy G. Thompson  <small>Secretary</small></p> <p>SAFER • HEALTHIER • PEOPLE™ <small>Page 5 of 24</small></p>	<p><b>The Federal Response to 9/11</b></p> <p>Stockpile was deployed (Jan. 1999: Congress directed CDC to create the Strategic National Stockpile)</p> <p>SAFER • HEALTHIER • PEOPLE™ <small>Page 6 of 24</small></p>
<p><b>Anthrax</b></p> <ul style="list-style-type: none"> <li>• Public Health Emergency Declaration still in effect at time of Anthrax attacks</li> <li>• 22 cases, including 5 deaths</li> </ul> <p>SAFER • HEALTHIER • PEOPLE™ <small>Page 7 of 24</small></p>	<p><b>The Federal Response to 9/11 and Anthrax</b></p> <ul style="list-style-type: none"> <li>• Federal Funding to States for Public Health Emergency Preparedness ("BT funds")</li> <li>• \$1 Billion in HHS State Grants</li> <li>• Includes funding for state review of their laws, regulations, procedures, etc.</li> </ul> <p>SAFER • HEALTHIER • PEOPLE™ <small>Page 8 of 24</small></p>

<p style="text-align: center;"><b>Smallpox Preparedness</b></p> <ul style="list-style-type: none"> <li>● December 13, 2002: Presidential Directive directed the military (and certain other persons who would be on the front lines of a biological attack) to receive the smallpox vaccine</li> <li>● Recommended vaccinations—on a voluntary basis—for medical professionals and emergency personnel and response teams that would be the first on the scene in a smallpox emergency</li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 9 of 24</small></p>	<p style="text-align: center;"><b>The Federal Response to Smallpox Preparedness: the Secretary’s Declaration</b></p> <ul style="list-style-type: none"> <li>● January 24, 2003: Declaration by the HHS Secretary specified categories of individuals to whom it is advisable to administer the smallpox vaccine</li> <li>● Triggered Section 304 of the Homeland Security Act of 2002</li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 10 of 24</small></p>
<p style="text-align: center;"><b>The Federal Response to Smallpox Preparedness: Section 304 of the Homeland Security Act</b></p> <p>As enhanced and clarified by the Smallpox Emergency Personnel Protection Act of 2003, Sec. 304 is intended to relieve liability concerns of:</p> <ol style="list-style-type: none"> <li>1. Vaccine manufacturers and distributors;</li> <li>2. State and local governments that administer the vaccine program;</li> <li>3. Healthcare providers who administer the vaccine; and</li> <li>4. Persons who receive the vaccine who accidentally transmit vaccinia</li> </ol> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 11 of 24</small></p>	<p style="text-align: center;"><b>The Federal Response to Smallpox Preparedness: the Smallpox Emergency Personnel Protection Act of 2003 (SEPPA)</b></p> <ul style="list-style-type: none"> <li>● April 30, 2003: Established a Smallpox Compensation Program</li> <li>● A No-Fault Program: Unlike under Section 304, recovery under this compensation program does not require that the injury was caused by a negligent or wrongful act</li> <li>● Prior to filing a claim under Section 304, individuals covered by the compensation program must first pursue a request under that program</li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 12 of 24</small></p>
<p style="text-align: center;"><b>Severe Acute Respiratory Syndrome (SARS)</b></p> <ul style="list-style-type: none"> <li>● Viral respiratory illness             <ul style="list-style-type: none"> <li>▪ Spread by close person-to-person contact</li> </ul> </li> <li>● From November 2002 through July 2003:             <ul style="list-style-type: none"> <li>▪ 8,098 people became infected worldwide</li> <li>▪ 774 people died</li> </ul> </li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 13 of 24</small></p>	<p style="text-align: center;"><b>SARS and Federal Quarantine Authority</b></p> <ul style="list-style-type: none"> <li>● Intra-state Quarantine             <ul style="list-style-type: none"> <li>▪ Reserved to the States by the 10th Amendment</li> </ul> </li> <li>● Foreign and Inter-state Quarantine             <ul style="list-style-type: none"> <li>▪ Federal Authority</li> <li>▪ Regulate Foreign and Inter-state Commerce                 <ul style="list-style-type: none"> <li>○ Commerce power historically defined very broadly</li> </ul> </li> </ul> </li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 14 of 24</small></p>
<p style="text-align: center;"><b>SARS and Federal Quarantine Authority</b></p> <ul style="list-style-type: none"> <li>● Federal Government has power to apprehend, detain, or conditionally release individuals to prevent the interstate spread or international importation of certain diseases. (42 U.S.C. 264)</li> <li>● Such federally “quarantinable” diseases must first be listed in an Executive Order signed by the President</li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 15 of 24</small></p>	<p style="text-align: center;"><b>The Federal Response to SARS</b></p> <ul style="list-style-type: none"> <li>● April 4, 2003: Executive Order 13295 added SARS to this list, as a prudent public health preparedness measure</li> <li>● This Executive Order empowered CDC to apprehend, detain, or conditionally release persons suspected of carrying SARS</li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 16 of 24</small></p>

<p style="text-align: center;"><b>The Federal Response to SARS</b></p> <p>January 13, 2004: to reduce the chance of the introduction and spread of SARS in the U.S., CDC issued an order placing an immediate embargo on the importation of all species of Civets into the U.S.</p> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 17 of 24</small></p>	<p style="text-align: center;"><b>SARS and Civets</b></p> <ul style="list-style-type: none"> <li>● Civets are bred for human consumption in Southern China and are considered the likely host from which the virus that causes SARS jumped to humans</li> </ul>  <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 18 of 24</small></p>
<p style="text-align: center;"><b>Monkeypox</b></p> <ul style="list-style-type: none"> <li>● Rare viral disease related to, but considered less infectious and milder than, smallpox</li> <li>● Introduced to the U.S. in 2003 through a shipment of African rodents</li> <li>● In the U.S., prairie dogs and certain rodents from Africa may transmit the monkeypox virus in humans</li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 19 of 24</small></p>	<p style="text-align: center;"><b>The Federal Response to Monkeypox</b></p> <ul style="list-style-type: none"> <li>● June 11, 2003: CDC and FDA issued a joint order announcing an immediate embargo on the importation of all rodents from Africa and prohibiting the transportation, distribution, or release of prairie dogs and specified African rodents within the U.S.</li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 20 of 24</small></p>
<p style="text-align: center;"><b>Monkeypox and Gambian Giant Rats</b></p> <ul style="list-style-type: none"> <li>● A shipment of African rodents – including Gambian giant rats – was the probable source of the introduction of monkeypox into the U.S.</li> </ul>  <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 21 of 24</small></p>	<p style="text-align: center;"><b>Avian Influenza</b></p> <ul style="list-style-type: none"> <li>● “Bird Flu” or “Influenza A”; wild birds are the natural hosts of the virus, which circulates among birds worldwide</li> <li>● Since mid-December, 2003, outbreaks of Influenza A infection have been detected in birds in countries throughout Southeast Asia</li> <li>● Human cases reported, including 23 deaths in Thailand and Vietnam</li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 22 of 24</small></p>
<p style="text-align: center;"><b>The Federal Response to Avian Influenza</b></p> <ul style="list-style-type: none"> <li>● February 4, 2004: CDC issued an order placing an immediate embargo on the importation into the U.S. of all birds (aves class) from Cambodia, Indonesia, Japan, Laos, China (including Hong Kong), South Korea, Thailand, and Vietnam</li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 23 of 24</small></p>	<p style="text-align: center;"><b>The Federal Response to Avian Influenza</b></p> <ul style="list-style-type: none"> <li>● March 10, 2004: CDC issued an order amending February 4, 2004 order by lifting the embargo of birds imported from Hong Kong</li> </ul> <p style="text-align: right;">SAFER • HEALTHIER • PEOPLE™ <small>Page 24 of 24</small></p>

*The Importance of Community Legal Preparedness Planning,*  
Presented by: Herminia Palacio, MD, MPH,  
Executive Director Harris County Public Health and Environmental Services

<p style="text-align: center;"><b>Importance of Community Legal Preparedness Planning</b></p> <p style="text-align: center;">Herminia Palacio, MD, MPH Executive Director Harris County Public Health and Environmental Services</p>	 <p style="text-align: center;">Gostin, LO. Public Health Law: Power, Duty, Restraint <span style="float: right;">Page 2 of 18</span></p>
<p style="text-align: center;"><b>Gostin model</b></p> <ul style="list-style-type: none"><li>● <b>“Government:</b> Public health activities are a special responsibility of the government.”</li><li>● <b>“Populations:</b> Public health focuses on the health of populations.”</li><li>● <b>“Coercion:</b> Public health authorities possess the power to coerce individuals and businesses for the protection of the community, rather than relying on a near universal ethic of voluntarism.”</li></ul> <p style="text-align: center;">Gostin, LO. Public Health Law: Power, Duty, Restraint <span style="float: right;">Page 3 of 18</span></p>	<p style="text-align: center;"><b>Gostin Model</b></p> <ul style="list-style-type: none"><li>● <b>“Relationships:</b> Public Health addresses the relationship between the state and the population (or between the state and individuals who place themselves or the community at risk).”</li><li>● <b>“Services:</b> Public health deals with the provision of population-based services grounded on scientific methodologies of public health (e.g. biostatistics and epidemiology).”</li></ul> <p style="text-align: center;">Gostin, LO. Public Health Law: Power, Duty, Restraint <span style="float: right;">Page 4 of 18</span></p>
<p style="text-align: center;"><b>How will collaboration between health care attorneys and public health attorneys enhance PUBLIC HEALTH PREPAREDNESS?</b></p> <p style="text-align: right;">Page 5 of 18</p>	<p style="text-align: center;"><b>Public Health Preparedness and Response</b></p> <ul style="list-style-type: none"><li>● Not static</li><li>● Must be “exercised”<ul style="list-style-type: none"><li>▪ Day-to-day activities</li><li>▪ Planned drills</li></ul></li></ul> <p style="text-align: right;">Page 6 of 18</p>
<p style="text-align: center;"><b>Collaboration Between Health Care Attorneys and Public Health Attorneys</b></p> <ul style="list-style-type: none"><li>● Compliance with reporting requirements<ul style="list-style-type: none"><li>▪ Limitations on liability</li><li>▪ List of reportable conditions</li><li>▪ Categories of persons required to report</li><li>▪ Penalties for failure to report</li></ul></li></ul> <p style="text-align: right;">Page 7 of 18</p>	<p style="text-align: center;"><b>Collaboration Between Health Care Attorneys and Public Health Attorneys</b></p> <ul style="list-style-type: none"><li>● Compliance with public health investigations<ul style="list-style-type: none"><li>▪ Witnesses and documents</li><li>▪ Collection of samples</li><li>▪ Inspections</li><li>▪ Right of entry</li><li>▪ Penalties for failure to comply</li></ul></li></ul> <p style="text-align: right;">Page 8 of 18</p>

<p style="text-align: center;"><b>Collaboration Between Health Care Attorneys and Public Health Attorneys</b></p> <p style="text-align: center;"><b>Compliance with Control Measures</b></p> <table><tr><td>• Disinfection</td><td>• Detention</td></tr><tr><td>• Decontamination</td><td>• Restriction</td></tr><tr><td>• Isolation</td><td>• Chemoprophylaxis</td></tr><tr><td>• Quarantine</td><td>• Preventive therapy</td></tr><tr><td>• Disinfestation</td><td>• Prevention</td></tr><tr><td>• Immunization</td><td>• Education</td></tr></table> <p style="text-align: right;"><small>Page 9 of 10</small></p>	• Disinfection	• Detention	• Decontamination	• Restriction	• Isolation	• Chemoprophylaxis	• Quarantine	• Preventive therapy	• Disinfestation	• Prevention	• Immunization	• Education	<p style="text-align: center;"><b>Public Health Agencies</b></p>  <p style="text-align: center;"><b>Public Health Attorneys</b></p> <p style="text-align: center;"><b>Health Care Attorneys</b></p> <p style="text-align: center;"><b>Health Care Providers</b></p> <p style="text-align: right;"><small>Page 10 of 10</small></p>
• Disinfection	• Detention												
• Decontamination	• Restriction												
• Isolation	• Chemoprophylaxis												
• Quarantine	• Preventive therapy												
• Disinfestation	• Prevention												
• Immunization	• Education												

*Know Your Public Health Infrastructure: State Government,*  
 Susan K. Steeg, JD,  
 General Counsel, Texas Department of Health

<p style="text-align: center;"><b>Know Your Public Health Infrastructure: State Government</b></p> <p style="text-align: center;">Susan K. Steeg                  General Counsel                  Texas Department of Health</p>	<p style="text-align: center;"><b>Overview of the Texas Department of Health</b></p> <p>Texas Department of Health (TDH) was built over the last century with two intertwined public health responsibilities:</p> <ul style="list-style-type: none"> <li>▪ Providing and supporting the Essential Public Health Services</li> <li>▪ Supporting the health care safety net for children and adults with special health care needs and for the un/underinsured</li> </ul> <p style="text-align: right;"><small>Page 2 of 14</small></p>
<p style="text-align: center;"><b>TDH</b></p> <ul style="list-style-type: none"> <li>● Executive Branch Agency</li> <li>● One of 12 Health and Human Services Commission (HSC) Agencies</li> <li>● Only until 9/1/04!</li> </ul> <p style="text-align: right;"><small>Page 3 of 14</small></p>	<p style="text-align: center;"><b>TDH Staff and Programs</b></p> <ul style="list-style-type: none"> <li>● 4,200 employees – Austin, 8 PHRs, TCID, STHS</li> <li>● \$1.8B budget</li> <li>● ~200 “programs”</li> </ul> <p style="text-align: right;"><small>Page 4 of 14</small></p>
<p>All TDH programs work to improve, protect, and promote health in Texas, but they do it in different ways. TDH programs can be described in five categories:</p> <ul style="list-style-type: none"> <li>● Disease Control and Prevention</li> <li>● Regulation/Consumer Protection</li> <li>● Healthcare Safety Net</li> <li>● Disease/Condition/Risk Specific</li> <li>● Public Health Preparedness</li> </ul> <p style="text-align: right;"><small>Page 5 of 14</small></p>	<p>Under the umbrella of the Health and Human Services Commission, the department performs its duties through:</p> <ul style="list-style-type: none"> <li>● A central office</li> <li>● Eight regional offices</li> <li>● Two hospitals</li> <li>● Contracts with autonomous local health departments</li> <li>● Community-based organizations</li> <li>● Scores of services providers</li> </ul> <p style="text-align: right;"><small>Page 6 of 14</small></p>
<p style="text-align: center;"><b>Decentralized Public Health System</b></p> <ul style="list-style-type: none"> <li>● In the 254 counties in Texas</li> <li>● 148 local public health agencies</li> <li>● 8 TDH regional offices</li> <li>● 141 counties with NO local public health agency</li> </ul> <p style="text-align: right;"><small>Page 7 of 14</small></p>	<p style="text-align: center;"><b>8 Public Health Regions</b></p> <p style="text-align: right;"><small>Page 8 of 14</small></p>

<p align="center"><b>H.B. 2292- 78<sup>th</sup> Legislature By 9/1/04:</b></p> <ul style="list-style-type: none"> <li>● Health and Human Services Commission</li> <li>● Department of State Health Services</li> <li>● Department of Aging and Disability Services</li> <li>● Department of Assistive and Rehabilitative Services</li> <li>● Department of Family and Protective Services</li> </ul> <p align="right"><small>Page 9 of 18</small></p>	<p align="center"><b>HB 2292-78<sup>th</sup> Legislature Department of State Health Services</b></p> <p>COMBINES:</p> <ul style="list-style-type: none"> <li>● TDH</li> <li>● Mental Health (from MHMR)</li> <li>● Texas Commission on Alcohol and Substance Abuse</li> <li>● Texas Health Care Information Council</li> </ul> <p align="right"><small>Page 10 of 18</small></p>
<p align="center"><b>Local Public Health Reorganization Act Chapter 121, HSC</b></p> <ul style="list-style-type: none"> <li>● Enacted in 1983</li> <li>● Provided a structure to fit the way public health was delivered at the time</li> <li>● Amended several times since enactment</li> </ul> <p>Nomenclature:</p> <ul style="list-style-type: none"> <li>● Public Health Districts</li> <li>● Local Health Departments</li> </ul> <p align="right"><small>Page 11 of 18</small></p>	<p><b>PUBLIC HEALTH DISTRICTS</b></p> <ul style="list-style-type: none"> <li>● Formed by multi-governmental entities - e.g., cities, counties, school districts</li> <li>● Non-taxing entity, supported by contributions from its member governing bodies</li> </ul> <p><b>LOCAL HEALTH DEPARTMENTS</b></p> <ul style="list-style-type: none"> <li>● Single governmental entity</li> </ul> <p align="right"><small>Page 12 of 18</small></p>
<p align="center"><b>Public Health Regions HSC §121.007</b></p> <ul style="list-style-type: none"> <li>● Permissive authority for Board of Health to establish public health regions to serve the needs of jurisdiction where no LHD exists</li> <li>● For each region established, Board appoints a physician to serve as a Regional Director</li> <li>● The Board may require a Regional Director to serve as "Health Authority" where none exists or where they fail to act</li> </ul> <p align="right"><small>Page 13 of 18</small></p>	<p align="center"><b>Health Authority HSC §121.021 - 029</b></p> <ul style="list-style-type: none"> <li>● Health Authority created as a physician to administer state and local laws relating to public health within a local government's jurisdiction</li> <li>● Appointed by city council or commissioner's court or health department/district director for 2-year term</li> <li>● Duties- aiding the state with quarantine, sanitation enforcement, public health law enforcement, reportable diseases, vital statistics collection</li> <li>● Mandatory only in jurisdictions that receive funding from TDH for essential public health services</li> </ul> <p align="right"><small>Page 14 of 18</small></p>
<p align="center"><b>Powers and Duties of a Local Health Department – HSC §121.032</b></p> <ul style="list-style-type: none"> <li>● Permissive authority for the LHD to perform the duties that the city or county may perform</li> <li>● Defines services that a LHD must provide - generally, the "essential public health services"</li> </ul> <p align="right"><small>Page 15 of 18</small></p>	<p align="center"><b>Essential Public Health Services HSC §121.002</b></p> <ul style="list-style-type: none"> <li>● Monitoring population health, diagnosing and investigating health problems/hazards</li> <li>● Informing/educating on health issues and mobilizing to solve health problems</li> <li>● Developing health policy and enforcing laws and rules that support improvements in health</li> <li>● Linking individuals and communities to appropriate health services</li> <li>● Researching, evaluating, and training toward improved public health interventions</li> </ul> <p align="right"><small>Page 16 of 18</small></p>

<p><b>Department Director Of A Local Health Department - HSC §121.033</b></p> <ul style="list-style-type: none"><li>● Local government appoints department director</li><li>● Health Authority if the director is a physician</li><li>● If non-physician director, requires a Health Authority be appointed by the director</li></ul> <p>Page 17 of 18</p>	<p><b>Accountability</b></p> <ul style="list-style-type: none"><li>● Even though LHDs have contracts with the state, they are autonomous and are accountable to their local city and/or county officials</li><li>● Law does not require TDH to contract with LHDs, nor does it specify any funding mechanisms</li></ul> <p>Page 18 of 18</p>
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## E. MARKETING MATERIALS: ATLANTA AND HOUSTON

Sutherland  
■ Asbill & ■  
Brennan LLP

ATTORNEYS AT LAW

LORRAINE HESS SPENCER  
DIRECT LINE: (404) 853-8084  
Internet: lhspencer@sablaw.com

February 7, 2003

Dr. David Satcher  
Chair-Medical and Facilities Practice  
Center for Primary Care  
Morehouse School of Medicine  
720 Westview Drive, SW  
Atlanta, GA 30310

Dear Dr. Satcher:

I am writing to invite you to be a special guest at a “first of a kind” event related to legal preparedness for public health emergencies. On February 21, 2003, the Health Law Section of the State Bar of Georgia and the Centers for Disease Control and Prevention’s Public Health Law Program will convene an educational program and workshop designed to enhance the readiness of Georgia attorneys to play a positive role in the event of the exercise of emergency public health powers. Attorneys who are internal and external counsel for Georgia Hospitals and Health Systems have been invited to participate, and to meet and interact with public health officials and their legal counsel. The morning educational sessions will include presentations on the historic role of the private bar in public health infrastructure; as well as a smallpox update. It will be followed by an afternoon workshop structured to encourage discussion about legal considerations for hospitals and health systems during an exercise of emergency public health powers.

Dr. Julie Gerberding, CDC director, will give the keynote address for the educational program. Other introductory presentations will be given by Mike Sage, Deputy Director of the Office of the Bioterrorism Preparedness and Response, and Jim Curran, Dean of the School of Public Health at Emory University, which houses the Center for Public Health Preparedness and Research. Gene Matthews and Paula Kocher, senior legal advisors for CDC, will be presenters during the educational program, as will other CDC legal staff. Members of the State Bar Health Law Section will facilitate the afternoon workshops.

The Georgia event is a pilot that CDC’s Public Health Law Program plans to use as a model for other states. As coordinator of the Georgia program, I am writing to extend this special invitation to you to attend and participate, because I believe this event will be of particular interest to you and that you can make a very valuable contribution to the exchange of ideas that day.

The program will be held at Emory’s School of Public Health, from 8:30 a.m. until 4:30 p.m. on the 21<sup>st</sup> of February. To assure good discussion, we are limiting the number of participants. Will you please let me know by February 15, whether or not you will be able to attend, so we can get program materials to you in advance, if you will be attending. You can respond to me by email at lhspencer@sablaw.com or by telephone at (404) 853-8084. Please join us for this important event.

Sincerely,

Lori Spencer (SGD)

**Lori Spencer – To All Members of the Health Law Section, SBG**

---

**From:** "LESLEY SMITH" <LESLEY@gabar.org.  
**Date:** 2/6/03 4:24pm  
**Subject:** To All Members of the Health Law Section, SBG

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From Jeffery Baxter, Chair

On February 21, 2003, the Health Law Section of the State Bar of Georgia and the Centers for Disease Control and Prevention's Public Health Law Program will convene an educational program and workshop designed to enhance the readiness of Georgia attorneys to play a positive role in the event of the exercise of emergency public health powers. The morning educational sessions will include presentations on the historic role of the private bar in public health matters; sources of public health law; the basics of emergency health powers; Georgia's public health infrastructure; as well as a smallpox update. It will be followed by an afternoon workshop structured to encourage discussion about legal considerations for hospitals and health systems during an exercise of emergency public health powers.

Dr. Julie Gerberding, CDC Director, will give the keynote address for the educational program. Gene Matthews and Paula Kocher, senior legal advisors for CDC, will be presenters during the program, as will other CDC legal staff. Members of the State Bar Health Law Section will facilitate the afternoon workshops. Public Health officials and their legal counsel have been invited to attend, so participants will have an opportunity to meet and interact with them during the day.

The Georgia event is a pilot that CDC's Public Health Law Program plans to use as a model for other states. The program will be held at Rollins School of Public Health at Emory University, from 8:30 a.m. until 4:30 p.m. on the 21<sup>st</sup> of February. This is a special opportunity to be a part of a valuable exchange of ideas. To assure good discussion, we are limiting the number of participants, so please contact Darrell Reid with CDC's Public Health Law Program, at (770) 488-2887, by February 15, 2003, if you will attend.

Lesley T. Smith  
Section Liaison  
State Bar of Georgia  
104 Marietta Street, N.W. (NEW!)  
Atlanta, GA 30303  
404/527-8774 ph  
800/334-6845 wats  
404/527-8749 fax  
email: [Lesley@gabar.org](mailto:Lesley@gabar.org)

<file:///C:/WINDOWS/temp/GW/00003.HTM>

2/24/03

## Community Public Health Legal Preparedness: *Bridging the Gap between Public Health and Health Care Attorneys*



The great divide between healthcare and public health is historic and its roots deeply embedded. While recent public health events, like the 2001 anthrax attacks and the 2003 SARS outbreak, have taught us that cross-sector partnerships are essential, too many local public health authorities continue to remain essentially disconnected from their local hospitals and other health care providers. This disconnect extends to the legal realm as well. Public health lawyers—especially those who advise state and local public health departments, and health care attorneys—those whose clients include physicians, hospitals and health systems, health maintenance organizations, health insurers, managed care companies, nursing facilities, and home care providers, have progressively developed striking cultural differences which have compromised their capacity and perceived need to effectively collaborate and work together in their emergency preparedness efforts.

Recognizing this, on **March 26, 2004**, a diverse group of collaborating partners will convene an educational workshop designed to enhance the readiness of Houston area attorneys to play a positive role in the event of the exercise of emergency health powers. The primary objective of this one-day workshop is to begin to more effectively bridge the historic gap between public health lawyers and health care attorneys and to serve as a development tool that legal counsel can use in helping their clients achieve optimal preparedness for public health emergencies in their communities.

The morning session will include presentations on challenges facing attorneys in public health matters; public health infrastructure and the roles and responsibilities of federal, state, and local government; the physician perspective on legal issues faced in a public health emergency. It will be followed by an afternoon exercise and case study structured to encourage discussion about legal considerations for public health agencies, hospitals, and health systems during an exercise of emergency health powers. Box lunches will be provided. James G. Hodge, Jr., J.D., LL.M., Executive Director of the Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities, will present the keynote address for the educational program. Heather Horton, JD, MHA, a senior Attorney Advisor for the Centers for Disease Control and Prevention and Senator Kyle Janek, MD, Vice-Chair, Health and Human Services Committee, Texas State Senate, are also invited to serve as presenters. Attorneys who are internal and external counsel for hospitals and health systems will be invited to participate in the program, together with public health officials and their legal counsel.

The Houston event is a pilot that the Centers for Disease Control and Prevention's Public Health Law Program plans to use as a model for the development of a Community Public Health Legal Preparedness Manual which will include organizational and learning materials that public health and health care attorneys can use to design their own programs.

The program will be held from **8:00 a.m. until 4:00 p.m. on the 26<sup>th</sup> of March at the University of Houston Law Center**. A registration fee of \$20.00 will be collected at the door, and lunch will be served. State Bar of Texas MCLE has been applied for.

This is a special opportunity to be part of a valuable exchange of ideas. Space is limited so please register by March 22, 2004. Please contact Darrell Reid, with CDC's Public Health Law Program, at (770) 488-2887 or dreid@cdc.gov.

**COLLABORATING ORGANIZATIONS:** Health Law Section, Houston Bar Association; City of Houston Health and Human Services Department; Health Law & Policy Institute, UH Law Center; Harris County Public Health and Environmental Services; and Texas Department of Health Public Health Law Program, CDC



The Southwest Center for Public Health Preparedness at OUHSC, College of Public Health Presents

## THE LEGAL ASPECTS OF PREPARING COMMUNITIES FOR PUBLIC HEALTH EMERGENCIES

APRIL 1, 2004  
ADAMS MARK TULSA HOTEL  
100 E. 2ND ST., TULSA OK, 74103

The conference is designed to provide participants with insight on issues at the forefront of public health and medicine and will provide opportunities for participants to share strategies, ideas and materials with key leaders in public health law, policy and practice. The conference will be held prior to the Oklahoma Public Health Association Annual Conference.

### INTENDED AUDIENCE:

- Elected officials
- State and local public health practitioners
- Health care and clinical professionals
- Judges and attorneys active in public health and health care
- Law enforcement officials
- Researchers and educators in public health law

### LEARNING OBJECTIVES:

- Recognize the critical role law plays in protecting the health of the public.
- Recognize the critical role law plays in the public health systems emergency preparedness.
- Explore new perspectives on the intersection of public health and law.

### ABOUT THE CONFERENCE

The SWCPHP is pleased to sponsor a day of presentations and discussion related to the legal facets of community preparedness and response to public health emergencies. Presentations on the role of legal counsel in the public health infrastructure of Oklahoma; individual liberties in the context of public health law, as well as information on the Emergency Powers Act will be followed by an interactive panel discussion to include the Oklahoma Secretary of Health, the Oklahoma State Health Commissioner, and representatives from the judiciary, hospital and public health legal counsel; Native American legal counsel, and the State Legislature.

### AGENDA

- 7:30 – 8:00 Registration and Pre-Test
- 8:00 – 8:15 Welcome and Introduction
- 8:15 – 9:15 Keynote Presentation
- 9:15 – 9:45 OK Public Health Infrastructure
- 9:45 – 10:15 PH Law and Individual Liberties
- 10:15 – 10:45 OK Emergency Powers Act
- 10:45 – 11:00 Break
- 11:00 – 12:45 Lunch and Panel Discussion
- 12:45 – 1:00 Post-Test and Evaluation

### REGISTRATION

There is no charge for this seminar, but pre-registration is required. Enrollment is limited to 200. Please register by March 22, 2004. Registration information is included in this brochure.

REGISTER BY MARCH 22, 2004

Telephone: Contact the Southwest Center for Public Health Preparedness Offices at (405) 271-8999.

Fax: Complete the registration form below and fax to (405) 271-8998

E-mail: Email the information below to [tracey-burton@ouhsc.edu](mailto:tracey-burton@ouhsc.edu)

Mail: Mail the registration form below to:  
Southwest Center for Public Health Preparedness  
University of Oklahoma Health Sciences Center  
College of Public Health  
Post Office Box 26901, CHB 159  
Oklahoma City, OK 73190

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail: \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

For additional information please contact the SWCPHP at (405) 271-8999 or email [tracey-burton@ouhsc.edu](mailto:tracey-burton@ouhsc.edu).

Funding for this workshop is being provided by a grant from the CDC as part of a national effort for bioterrorism preparedness.

## F. SPEAKER CONFIRMATION LETTER: TULSA



The Southwest Center for Public Health Preparedness  
801 N.E. 13th, CHB Room 159,  
Oklahoma City, Oklahoma 73104

February 6, 2004

Name  
Address

Dear ??:

On behalf of the University of Oklahoma Health Sciences Center College of Public Health and the Southwest Center for Public Health Preparedness, we want to express our sincere gratitude to you for contributing your time and expertise to the Community Legal Preparedness conference scheduled for April 1, 2004. This conference is being held in conjunction with the Oklahoma Public Health Association annual meeting, Adam's Mark Hotel, Tulsa Oklahoma, and is one of three pilot projects that will be used in the development of a training manual for the CDC. Featuring leaders in public health law, policy and practice, the focus of the conference is to develop relationships between law and public health and reach out to the legal representatives in health care delivery.

If you should have any questions, do not hesitate to contact the SWCPHP at any time. We are including a draft conference agenda for your review. Once again, thank you for being a part of our efforts to better serve the public's health and law in Oklahoma.

Sincerely,

David L. Johnson, Ph.D

Brenda L. Elledge, Dr.PH

**EVALUATIONS: HOUSTON AND TULSA**

COMMUNITY PUBLIC HEALTH LEGAL PREPAREDNESS University of Houston Law Center (Friday, March 26, 2004) <b>EVALUATION</b>	
1. Occupation	
Healthcare Attorney	Bioethicist
Physician	Allied Health Professional
MD/JD	Student
Nurse	Federal/State Government Elected
RN/JD	Official
Public Health	University Faculty
Attorney	Other: _____
Social Services	
2. Affiliation:	
Law Firm	HMO/PPO
Group Practice	State/County/City Legislative Body
Private Practice	State/County/City Health Agency
Hospital	State/County/City Government Attorney
University	Federal Health Agency
Medical School	Other: _____
Law School	
3. Did the content of the training address the stated learning objectives?	
Completely	
Partially	
Not at all	
4. What additional information would you like to covered in our next Community Public Health Legal Preparedness Workshops?	
More in depth information on conference topics (s)	
_____	
More opportunity to practice/role play	
Additional topics covered (s)	
_____	
5. How did you initially learn about the workshop?	
Colleague	
Email Broadcast	
Newsletter	
Website	
Other _____	

6. In general, the workshop was:  
Excellent                      Good                      Fair                      Poor
7. How important was the networking opportunity that this workshop offered?  
Please explain briefly. \_\_\_\_\_  
\_\_\_\_\_
8. Would you recommend this workshop to your colleagues? YES/NO  
(Please explain) \_\_\_\_\_  
\_\_\_\_\_
9. What degree of confidence do you have that you will apply your “new”  
learning in the work you do? Check one:  
100%  
75%  
50%  
25%  
0%
10. Please list TWO ways that you will use the information from this conference  
to enhance the work that you do. \_\_\_\_\_  
\_\_\_\_\_
11. Please make any additional comments or suggestions. \_\_\_\_\_  
\_\_\_\_\_
12. On a scale of 1-5 (1= Strongly Disagree; 5= Strongly Agree)  
Please rate the following:
- The information I gained is (or will be) useful to me. \_\_\_\_\_
  - The information I gained was new to me. \_\_\_\_\_
  - The instructional methods/tools were effective. \_\_\_\_\_
  - I had sufficient opportunity to ask questions. \_\_\_\_\_
  - The panel discussion about regional legal issues was useful. \_\_\_\_\_
  - This conference provided an opportunity for me to network with people  
that I usually do not have a chance to meet. \_\_\_\_\_

***Thank you for spending the time to complete this.  
You are helping to direct our future training activities!***



**THE LEGAL ASPECTS OF PREPARING COMMUNITIES FOR PUBLIC HEALTH EMERGENCIES**

Oklahoma Public Health Association Annual Meeting  
 Adams Mark Hotel, Tulsa  
 April 1, 2004

In order to evaluate this course, we need your feedback. Items on the first page provide an overall evaluation of the course. The second page includes items that request information about your perceptions of the attainment of course objectives and space for comments. We would appreciate completion of as much of the evaluation form as possible. Please return this completed survey before you leave.

If you happen to leave with the survey or want to mail/fax it later, please send to:  
 Dr. Michael Brand, Southwest Center for Public Health Preparedness  
 The University of Oklahoma Health Sciences Center, College of Public Health  
 801 NE 13th Street, Room 159  
 Post Office Box 26901 Oklahoma City, OK 73190  
 Fax Number: 405-271-8998

For each of the course components, please answer the two questions to the right: Please use the following scale to rate your satisfaction: 1=Very Low; 2=Low; 3=Adequate; 4=High; and 5=Very High

	How much you <b>LEARNED</b> :					<b>QUALITY</b> of the presentation:				
CDC Perspective on Legal Preparedness	1	2	3	4	5	1	2	3	4	5
The Oklahoma Public Health Infrastructure	1	2	3	4	5	1	2	3	4	5
Public Health Law and Individual Liberties	1	2	3	4	5	1	2	3	4	5
The Oklahoma State Emergency Powers Act	1	2	3	4	5	1	2	3	4	5
Panel Discussion	1	2	3	4	5	1	2	3	4	5

**OVERALL EVALUATION COURSE**

To what extent did/were you:	Not At All	Little	Som e-what	Muc h	Very Muc h
1 Feel the course was a worthwhile use of your time?	1	2	3	4	5
2 Learn things you can use in your position?	1	2	3	4	5
3 Feel there was good interaction between the speakers and participants?	1	2	3	4	5
4 Feel there was good interaction among participants?	1	2	3	4	5
5 Have the opportunity to provide your input into the discussion?	1	2	3	4	5
6 Have the opportunity to get answers to your questions?	1	2	3	4	5
7 Pleased with the course environment (lighting,	1	2	3	4	5

	room, sound, parking, etc.)?					
8	Pleased with the registration process?	1	2	3	4	5
9	Pleased with the opportunity to get CEU credits as applicable?	1	2	3	4	5

Following are the objectives of this course. Please answer the two items relative to each course objective using this scale: 1=Very Low; 2=Low; 3=Adequate; 4=High; and 5=Very High		Before the course, would rate my ability to do this at:	After participating in the course, I would rate my ability to do this at:
1	Discuss the historical context of public health law.	1 2 3 4 5	1 2 3 4 5
2	Discuss the importance of cross-sectional networking legal issues arising from the exercise of public health powers.	1 2 3 4 5	1 2 3 4 5
3	Provide an overview of the CDC's Community Public Health Legal Preparedness Initiative	1 2 3 4 5	1 2 3 4 5
4	Identify the challenges to the public/private interface.	1 2 3 4 5	1 2 3 4 5
5	Discuss the Oklahoma public health infrastructure.	1 2 3 4 5	1 2 3 4 5
6	Describe the roles of each group represented in preparing for public health emergencies.	1 2 3 4 5	1 2 3 4 5
7	Review the constitutional balance between public health and personal freedom.	1 2 3 4 5	1 2 3 4 5
8	Consider that balance in the face of new challenges to public health including Bioterrorism	1 2 3 4 5	1 2 3 4 5
9	Describe the recent developments in response to those challenges.	1 2 3 4 5	1 2 3 4 5
10	Describe what a catastrophic health emergency is as defined within the Oklahoma Emergency Powers Act.	1 2 3 4 5	1 2 3 4 5
11	Give the purposes of the OK Emergency Powers Act.	1 2 3 4 5	1 2 3 4 5
12	List the express powers the OK Emergency Powers Act provides.	1 2 3 4 5	1 2 3 4 5
13	Describe how a catastrophic health emergency is declared and terminated.	1 2 3 4 5	1 2 3 4 5
In the following space, please provide any comments you would like about the presentation or issues related to preparedness:			
<p>COMMENTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

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_____
_____
Topics for Future Trainings:

**The Legal Aspects of Preparing Communities for Public Health Emergencies**  
**April 1, 2004**

**Pre-test /POST TEST**

**TEST NO:** -----

Instructions: Please select a unique 4-digit number and write it in the **TEST NO.** line. Remember the number to use again on the post test. Identify only **ONE** best answer for each of the following questions by circling the answer of your choice. Don't forget the questions on the back.

1. What State official(s) may declare a catastrophic health emergency?
  - a. Governor
  - b. Senate
  - c. State Supreme Court
  - d. Judge
  
2. What mandatory reporting requirements does the Act provide?
  - a. Letter to the editor of local newspaper
  - b. Public Health Authority within 24-hours
  - c. Corpus luteum to the State Supreme Court
  - d. Report to the Commissioner of Health
  
3. How is a catastrophic health emergency terminated?
  - a. Report to the Commissioner of Health
  - b. Letter to the editor of the local newspaper
  - c. Executive order by the Governor
  - d. Executive order by the President of The United States
  
4. What are the dates of the 3<sup>rd</sup> Annual CDC Public Health Law Conference?
  - a. June 16-18, 2003
  - b. January 14-16, 2003
  - c. April 1-2, 2003
  - d. June 14-16, 2004
  
5. What is one of the roles of the federal government in the field of public health law?
  - a. Protect against international health threats
  - b. Inspect local restaurants for suspected health threats
  - c. Provide inspectors for local health departments
  - d. Provide legal counsel for local departments

6. What are the recent “five shadows” of public health?
  - a. Anthrax, W. Nile, Smallpox, SARS, Monkey Pox
  - b. MRSA, NASA, HRSA, SARA, FLMA
  - c. TB, Influenza, HRSA, MMR, MMWR
  - d. Polio, TB, ADHD, MADD, HRSA

7. Oklahoma has a centralized public health system which includes:
  - a. No city-county health departments
  - b. All city-county health departments
  - c. Two city-county health departments
  - d. Five city-county health departments
8. The federal government’s role in public health law was at one time limited to the provision of what type of service?
  - a. Service in the Washington, DC area only
  - b. Service to the military only
  - c. Service to members of congress only
  - d. Service to selected states only
9. Both the state commissioner of health and the local health administrators have the power to issue isolation/quarantine orders?
  - a. True
  - b. False
10. The public health system in the broadest sense would include hospitals, labs, and other partners?
  - a. True
  - b. False
11. The purpose of the Oklahoma Health Emergency Powers Act are:
  - a. To require the development of a comprehensive plan
  - b. To authorize the reporting and collection of data
  - c. To grant state and local officials the authority to provide care, treatment and vaccination to persons who are ill.
  - d. To insure that a person civil rights and liberties are not unduly interfered with.
  - e. All of the above
12. Catastrophic health emergency includes nuclear, Bioterrorism, and chemical terrorism?
  - a. True
  - b. False

## H. DISEASE OUTBREAK SCENARIO: HOUSTON

1. A 35-year-old male is admitted to a large urban hospital on March 23, 2003. The patient is experiencing respiratory distress. Patient's wife reports he had five days of fever in excess of 100.4 degrees, was generally achy and had a dry cough.
2. Further interviews revealed the patient had returned from a six-week business trip to Southeast Asia on March 22. He traveled alone. His itinerary home included stops in Tokyo and Los Angeles. He lives with his wife, a three-year-old child and a seven-year-old child.
3. The patient was sent to the emergency room by his physician. He waited in the emergency room waiting room for two hours before being taken to an exam room. He was subsequently admitted to the hospital.
4. On March 25 initial tests are negative for influenza and other known infections. The physician contacts the local public health authority due to concerns related to foreign travel. The public health authority faxes a CDC SARS report form and is assigned a case identification number.
5. Patient is moved in to an isolation room that has negative air pressure and attending staff utilize N-95 filtering disposable masks, gowns and gloves.
6. The news media is contacted by a hospital staffer who reports a case of SARS and alleges multiple people in the hospital have been exposed.
7. The wife and two children are asked to home quarantine by the local public health authority.
8. Infection control personnel are bombarded with inquiries from staff and patients regarding their risks of exposure.
9. Potential exposure groups include: travelers and flight personnel on three planes; customs personnel; the family; some patients and staff at the doctors office; some patients and staff at the ER; some hospital staff who cared for the patient prior to going to the isolation room.
10. The media interest in this story is enormous.
11. School officials report excessive absenteeism at the elementary school attended by the 7-year-old. The daycare center utilized by the reported that no children had attended that day.
12. Asian restaurants throughout the city report a 50 percent decline in business in the past two days.

## Section IV: Resources

### A. Internet Resources:

Academic Centers for Public Health Preparedness  
[http://www.asph.org/fac\\_document.cfm?section\\_id=73&subsection\\_id=73&&document\\_id=6750](http://www.asph.org/fac_document.cfm?section_id=73&subsection_id=73&&document_id=6750)

Agency for Healthcare Research and Quality  
Bioterrorism and Emerging Infections Site  
<http://www.bioterrorism.uab.edu/index.htm>

American Association of Health Plans, Bioterrorism  
[http://www.aahp.org/Content/NavigationMenu/Inside\\_AAHP/Bioterrorism\\_Emergency\\_Preparedness/Bioterrorism\\_Emergency\\_Preparedness.htm](http://www.aahp.org/Content/NavigationMenu/Inside_AAHP/Bioterrorism_Emergency_Preparedness/Bioterrorism_Emergency_Preparedness.htm)

Association of State and Territorial Health Officials (ASTHO)  
Includes: Directory of State and Territorial Public Health Directors  
<http://www.astho.org>

Center for the Law and the Public's Health, John's Hopkins and  
Georgetown Universities  
<http://www.publichealthlaw.net>

Center for State Homeland Security, Legislation site (listing of proposed  
and approved legislation)  
<http://www.cshs-us.org/cshs/cshs.nsf/Main/HomelandSecurityLegislation>

Centers for Disease Control and Prevention (CDC)  
[www.cdc.gov](http://www.cdc.gov)

CDC, Bioterrorism Preparedness and Response  
<http://www.bt.cdc.gov/>

CDC, Public Health Law Program  
[www.phppo.cdc.gov/php](http://www.phppo.cdc.gov/php)

Charitable Immunity Manual, A Review of Charitable Immunity Legislation  
for Volunteer Health Care Providers, Volunteers in Health Care  
<http://www.volunteersinhealthcare.org/Manuals/charit.imm.man.pdf>

Code of Federal Regulations, Quarantine Extract, CDC  
<http://www.bt.cdc.gov/legal/42USC264.pdf>  
Code of Federal Regulations, Title 18, Chapter 10, Biological Weapons  
<http://www4.law.cornell.edu/uscode/18/plch10.html>

Code of Federal Regulations. Title 42, Chapter 139, Section 14503.  
Limitation on liability for volunteers.  
<http://www4.law.cornell.edu/uscode/42/14503.html>

Code of Federal Regulations, Title 42-The Public Health and Welfare  
<http://www4law.cornell.edu/uscode/42/>

Department of Health and Human Services, Office of Public Health  
Preparedness  
<http://dhhs.gov/ophp>

Directory of State Public Health Legal Counsel  
[www.phppo.cdc.gov/od/phlp](http://www.phppo.cdc.gov/od/phlp)

Directory of States Requiring Mandatory CLE  
[www.abanet.org/cle/manstates.html](http://www.abanet.org/cle/manstates.html).

EMTALA, Emergency Care: EMTALA Implementation and Enforcement  
Issues. GAO Report. GAO-01-747, June 22, 2001.  
<http://www.gao.gov/cgi-bin/getrpt?gao-01-747>

Guidelines for Isolation Precautions in Hospitals, CDC  
<http://www.cdc.gov/ncidod/hip/isolat/isolat.htm>

Local Officials Guide: Domestic Terrorism, Resources for Local  
Government, National League of Cities  
[http://www.nlc.org/nlc\\_org/site/files/reports/terrorism.pdf](http://www.nlc.org/nlc_org/site/files/reports/terrorism.pdf)  
[http://www.nlc.org/nlc\\_org/site/newsroom/terrorism\\_response/index.cfm](http://www.nlc.org/nlc_org/site/newsroom/terrorism_response/index.cfm)

National Association of County and City Health Officials (NACCHO)  
<http://www.naccho.org/project63.htm>

Public Health Law Association  
<http://www.phla.info>

State Health Department Websites  
<http://www.cdc.gov/mmwr/international/relres.html>

State Liability Laws for Charitable Organizations and Volunteers  
Risk Management Resource Center  
<http://www.eriskcenter.org/resource/downloadablepubs/stateliability.html>



## B. Bibliography of Relevant Articles

Fox, Daniel M., “The Professions of Public Health,” *AJPH* 91, no. 9 (2001): 1362-1364.

Goodman, Richard A., Munson, Judith W., Dammers, Kim, Lazzarini, Zita, Barkley, John P. Forensic Epidemiology: “Law at the Intersection of Public Health and Criminal Investigations.” *Journal of Law, Medicine & Ethics* 31, no. 4 (2003): 684-700.

“Institute Hosts Bioterrorism Conference,” Univ. of Houston, Health Law and Policy Institute, *Health Law News* XVII, no. 1 (2004): 1.

Misrahi, James J., Foster, Joseph A., Shaw, Frederic E. and Cetron Martins S. HHS/CDC Legal Response to SARS Outbreak. *Emerg Infect Dis* 2004:10:353-5.

Moulton, Anthony D., Gottfried, Richard, “What Is Public Health Legal Preparedness,” *Journal of Law, Medicine & Ethics* 31, no. 4 (2003): 672-683.

Ransom, Montrece, McNeill. “Community Public Health Legal Preparedness: Bridging the Gap between Public Health and Health Care Attorneys.” *Health Lawyers News* 8, no. 3 (2004):7.

## C. CPHLPI WORKSHOP IMPACT FORM

### CPHLPI Workshop Impact Form

Workshop Director(s):

Names of the members of the workshop planning Committee (name, title, and organization):

Date, time, and location of Workshop:

Number of Participants: \_\_\_\_\_  
Health Care Attorneys: \_\_\_\_\_  
Public Health Attorneys: \_\_\_\_\_

Sponsors and/or Partner Organizations:

Budget and Costs Summary:

Speakers and Presentation Content:

CLE offered? How many credits?

Workshop Highlights (discussion topics, lessons learned, conclusions reached, etc.)

Potential Jurisdictional Specific Follow-up Products:

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Please complete this form, and return it within 2 weeks of the implementation of your CPHLPI workshop to:  
Montrece McNeill Ransom, JD  
Re: Workshop Impact Form  
The Public Health Law Program, CDC  
4770 Buford Hwy MS K-36, Atlanta, GA 30341,  
Fax: 770-488-2420