

**December 1, 2004**  
**2:00 p.m. CST**  
**The Community Public Health Legal Preparedness Initiative**  
*Building Effective Public Health – Healthcare Legal Partnerships*

Coordinator Good afternoon, and welcome to today's Community Public Health Legal Preparedness Initiative teleconference call. All lines will be in a listen-only fashion throughout today's presentation. At the request of FTS-CDC, today's teleconference will be recorded.

Any objections, you may disconnect at this time. I would now like to turn the call over to your presenter, Mr. Hal Katz. Sir, you may begin your call when you're ready.

H. Katz

Thank you very much. Good afternoon, everyone. My name is Hal Katz, and it's my pleasure to be today's moderator for our teleconference entitled, "The Community Public Health Legal Preparedness Initiatives: Building Effective Public Health and Healthcare Legal Partnerships."

Before we get started, let me cover a few housekeeping matters. As was just mentioned, this call is being recorded, and a transcript will be available on the Public Health Association website. Because we have to end right at 4:30 Eastern Time, 3:30 Central Time, I'm going to have to keep us on track. I think we are actually disconnected at 4:30, so forgive

us if we have to rush.

Today's call, as you're maybe aware, is sponsored by the ABA Public Health Law and Public Policy Interest Group, the Public Health Law Program of the Center for Disease Control and Prevention, and the Public Health Law Association.

As I mentioned earlier, I will be the moderator for today's call. In addition to being a partner in the Austin office of Brown McCarroll, I also serve as chair of the ABA's Public Health Law and Policy Interest Group. The idea was created just this year, and one of its first activities was creating a partnership with the CDC, which we're very excited about. The partnership is facilitating the public health legal preparedness efforts for lawyers across the country. This call, of course, is a product of that partnership.

I would like to take this opportunity to thank Montrece Ransom, one of our panel members today, for all her hard work in putting this call together. She has done a great job, as always. I would also like to express our appreciation to Gary and Susan for their participation on our panel. With the help of the ABA-CLE staff, participants are eligible for CLE

credit. You should've received an e-mail with the information on today's teleconference and a form to confirm your attendance. This form also includes a course evaluation, which we would greatly appreciate you completing. When you complete those forms, please return them to the ABA. That will get you your certificate of attendance. Hopefully, you all got the fax number, which is, in case you didn't, 312-988-5368. Feel free to contact us if you didn't get that information or catch that number. You should've also received via e-mail the materials for today's call. If not, they can be obtained at [www.phla.info](http://www.phla.info). So that's the Public Health Law Association website, [www.phla.info](http://www.phla.info), where you'll also find additional information on the initiative and public health law resources.

Today's call is 90 minutes. Each speaker will present their materials, and then after about an hour, we'll have an open discussion. Time has been allotted for questions and answers from the audience to the panelist at the end. Please e-mail your questions to an e-mail address, which you should've received, but if not, I'm going to give it to you real quick. It's [tbi0@cdc.gov](mailto:tbi0@cdc.gov). During the teleconference, if you could send in those questions, we will get them and they will be e-mailed to me and I will ask the panelists the questions. Unfortunately, we do not have one of our speakers today, Lorraine Spencer, because of a scheduling conflict, but I

think we're still going to have a great program.

I was looking over the list of participants and it's an impressive and a diverse group. I thought you might want to know. Included are territorial and state health officers, health lawyers from across the country, state and local policy makers, healthcare practitioners, Public Health Association and CDC representatives, and even some members of the press, so everyone, behave.

With that out of the way, let's go to the substance of our call. There have been many changes in the world over the last few years. These changes have brought new laws and regulatory agencies. Private lawyers and their clients have now been active in trying to determine what laws and regulatory agencies will govern in the event of a public health emergency.

Now, when we say "public health emergency", what are we talking about? It's not just bioterrorism. We're talking about occurrences, such as infectious disease outbreaks, natural disasters and hazardous waste spills.

Public health law has been around for hundreds of years but few private lawyers are being called by their clients to advice them on public health

law issues, and few private lawyers understand the role of federal state and local agencies when dealing with public health issues. Recognizing this gap, the ABA-CDC and Public Health Law Association has partnered to develop this initiative. As you've heard, the primary purpose of our initiative is to inform healthcare attorneys across the country about pertinent laws to public health emergencies in your own jurisdictions, to clarify legal issues that are going to be important to your clients that they will face in a public health emergency and to form partnerships between public health officials and private healthcare attorneys.

Today, we will be discussing a tool that we've developed to facilitate the organization of community workshops where these individuals can ... together to achieve the objective I've just described. Some of you are well aware of it and have actually begun initiating your own workshops, and we're very excited about it. You'll hear about some of these workshops and there are many underway. As more and more lawyers are hearing about these workshops, there have been requests for additional information, and today's call is an opportunity for public health policy makers and private lawyers to learn more about this initiative, and hopefully, join our effort to prepare for a public health emergency.

With that said, I'm going to go ahead now and introduce our first speaker,

Montrece Ransom. In addition to serving as Vice Chair of the ABA Public Health and Policy Interest Group with me, Montrece currently serves as an attorney analyst with the CDC in the Public Health Law Program Division. The Public Health Law Program works to improve the understanding and use of law as a public health tool, the program's constituents or community and state public health leaders, public policy makers, public health attorneys, educators and applied researchers, as well as all the CDC programs.

So, with that, I will turn it over to Montrece.

M. Ransom

Okay. First, let me start by outlining for you the framework of my presentation. To begin, I'd like to provide a brief overview of the Public Health Law Program and what we do here at CDC. I'll then talk about why legal preparedness is particularly important for healthcare counsel, and I'll discuss the four core elements of public health legal preparedness. I'll close by introducing the initiative and discussing its purpose and goals, and then I'll turn the mike over to my colleague in Houston and Tulsa to discuss their roles as workshop directors.

Again, I serve as an attorney analyst for the Center for Disease Control

and Prevention Public Health Law Program, not be confused with our Office of General Counsel because we do not practice law. Instead, as Hal mentioned, the mission of our program is to work with partners including community and state public health leaders, policy makers, educators, researchers, public health, and now, private healthcare attorneys, to improve the understanding and use of law as a tool to advance the public's health.

We do this by working in five strategic areas. The first is consultation and analysis. An example of our efforts in this area would be our teleconference series held in collaboration with the Public Health Law Association and others on legal preparedness for smallpox and other public health threats. Another example would be our research for the CDC Office of Terrorism Preparedness and Response on states' legal requirements for reporting disease cases associated with the critical agents most likely to be used in a bioterrorism attack.

Our second strategic area is in the development of effective partnerships at the international, interstate and interdisciplinary levels. While there are several initiatives underway in this area, the most obvious product would be our annual Public Health Law Conference. Staff in our program are on

the heavy planning stages for the 5<sup>th</sup> Annual Public Health Law Conference to be held June 13-15, 2005 here in Atlanta, Georgia. The conference covers issues such as school health, the scope of practice regulation, vaccine safety and judicial and legal preparedness. The conference has been extremely successful with over 600 attendees last year and representation from a wide range of expertise and disciplines.

In our third strategic area, we work to develop and disseminate authoritative information on public health law for the public health practice, policy and legal education communities. It's under this strategic area that we publish our weekly electronic public health law news. The news features abstracts of current news articles on public health law and related subjects plus announcement of events and other timely materials. It's free of charge and currently has subscription of over 4,500 folks from 28 countries. Also, the textbook, *Law in Public Health Practice* edited by Dr. Rick Goodman, Co-Director of the Public Health Law Program is another example of our work in this strategic area.

The fourth area we work in outlines our work in supporting and conducting applied research in public health law, and we also work to translate these findings into practice. To do this, we've awarded a total of

11 investigator-initiated peer viewed grants on the impact of law in public health.

Our fifth strategic area challenges us to strengthen the competencies of public health, legal and other practitioners who apply law to improve public health, and to increase the number of lawyers active in public health. Under this rubric, we've developed and published a consensus statement of core public health law competencies. In addition, the program has developed the forensic epidemiology course, which provides joint training for law enforcement and public health officials with the goal of more coordinated local approach to public health emergencies, and in addition, we are currently working with partners on forensic epidemiology, too, which is the laws consequence management, and on a basic public health law course appropriately titled "Public Health Law 101". It's also under the strategic area that the community public health legal preparedness initiative falls.

Now, to better describe the initiative and to set this up for you, let me paint a picture. Imagine Sally K., a 27-year-old woman is admitted to a large urban hospital. Sally K. is experiencing respiratory distress. Her roommate, Suzie Q. can only offer the following: Sally has just returned

from a ten-week student exchange program in Southeast Asia and returned just yesterday. She has been complaining of a fever that has persisted for five days with dry cough and a generally achy feeling all over. Further interviews reveal that Sally traveled alone and her itinerary included stops in Los Angeles to see old friends, and Tokyo to do a little sightseeing. Sally shares a home with her roommate, Suzie Q., a fellow graduate student at a large urban university.

Now, Sally K. was sent to the emergency room by her private doctor. She waited in the emergency room for two hours before being taken into an exam room. She was subsequently admitted into the hospital. Three days later, initial tests are negative for influenza and other known infections. The physician contacts the local public health authority, due to concerns regarding Sally K.'s foreign travel. The public health authority faxed the CDC SARS report form and has assigned a case identification number.

Sally K. is immediately moved to an isolation room that has negative air pressure, and attending staff utilized N95 filtering disposable mask, gown and gloves. The news media is contacted by a hospital staffer, who reports the case of SARS and alleges multiple people in the hospital have been exposed.

The roommate, Suzie Q., is asked to home quarantine by the local public health authority. Infection control personnel of the hospital are bombarded with increasing staff and patients regarding their risks of exposure. Potential exposure groups include travelers and flight personnel on three planes, customs personnel, the roommate, perhaps patients and staff of the referring doctor's office, some patients and staff at the emergency room, some hospital staff who cared for Sally K. prior to Sally's going to the isolation room.

As you can imagine, the media interest in the story is enormous. The city is very scared. Officials of a large urban university reported excessive absenteeism in Suzie Q.'s department.

Regrettably, an episode like this would necessarily involve and, perhaps, burden the entire health system in any community. The events of the past year have shown us that we must be prepared for emerging infectious diseases, like SARS, as presented here, natural disasters, like the devastating Florida hurricanes and terrorist attacks. Anthrax, hurricanes, small pox - we don't know what it will be, but it becomes predictable that any community could face a public health emergency - large or small,

short or lengthy, manmade or naturally occurring at some time.

The legal question of these types of emergencies can raise may be just as predictable. Under HIPPA, who determines which entity has authority over dissemination of intelligence during a crisis and who decides what type of medical records or information can be released? Should a local, state or federal emergency be declared? Do hospitals enacting decontamination or quarantine measures still have to comply with EMTALA? Can healthcare workers be compelled to treat people like Sally K., those afflicted with potentially dangerous communicable infections? Will immunity be provided for acts performed during emergency and what are the requirements and limitations associated with obtaining such immunity?

The questions might be predictable, but are our public health and healthcare attorneys well versed enough in public health law and competent enough in emergency preparedness to provide accurate and timely advice in the midst of a public health emergency? Do they know who to call in the public or private sectors to discuss and coordinate a legal response to public health emergencies?

This is an important issue for healthcare and public health attorneys alike

for two reasons: one, in their traditional role as managers of risk, these lawyers will find themselves providing advice and counsel before, during and after the crisis. Public health authorities are generally empowered by various state laws to take swift and decisive legal action to contain and control the spread of disease. So, if you're an attorney for a hospital or a health system; you need to be an immediate expert on the legal issues that are raised so your client healthcare provider can continue to focus on their duties and patients, instead of concern over the law.

Secondly, three days after Sally K. walked to that emergency room, a full-fledged crisis had evolved in that large urban city. As the scenario shows, as in an emergency, there is no more business as usual, and certainly little to no time for legal research or exchanging business cards with your public or private counterpart. We know that a lot of public health attorneys, specifically those who represent state and local health departments, have been reviewing their public health emergency legislation as a requirement of the federal funding to state for bioterrorism, which included funding specifically for such a review.

We've also learned that due to the transactional nature of a lot of their work for fewer healthcare attorneys, those whose clients include

physicians, hospitals health systems and the like have had such an opportunity. As a result, many a healthcare counsel may have only a limited familiarity with applicable law when they're initially called upon to advice their clients on these issues. To help remedy the situation, the CDC's Public Health Law Program, along with our partner, the American Bar Association's Health Law Section and the non-profit Public Health Law Association, has developed the Community Public Health Legal Preparedness Initiative.

So, what exactly is public health legal preparedness? Well, the four core elements of legal preparedness have been outlined by Dr. Anthony Moulton, one of the directors of our program, and others, including Anne Murphy, General Counsel of State Health Department and Richard Gottfried, member of the New York State Assembly, in a jointly-authored article that you can find in the background materials for this call. But according to the authors, the first core element of public health legal preparedness is the development, review and assessment of public health laws and legislation.

The second is the development and honing of the legal competencies of those who make, implement and interpret those laws. The third is

information and resources critical to multidisciplinary practitioners. The final core element is coordination across sectors and jurisdiction.

The heart of the Community Public Health Legal Preparedness Initiative is a locally created and customized one to two-day workshop that works to provide a foundation in public health legal preparedness. The primary purpose of the initiative is to provide a process and forum by which healthcare and public health attorneys can gain a thorough shared knowledge of the laws pertinent to a public health emergency, and clarify the legal issues that their clients may face. A larger more strategic purpose is to stimulate the development of partnerships between public health and healthcare counsel, and hopefully, these partnerships will lead to further collaboration to address issues surrounding a broad spectrum of chronic diseases, environmental health risks, injuries and disabilities and other public health concerns.

In addition, the initiative envisions the development of jurisdictional-specific workshop, follow-up products, such as bench books, concise death summaries, articles for state, national, and legal organizations and strategies for promoting communication on these issues between the public health and healthcare legal communities.

As the background materials point out, the initiative features a workshop director's guide, which outlines the role of the self-selected workshop director, the role and suggested composition of the workshop planning committee. It provides sample agendas and marketing materials, as well as information on the substantive legal issues that should be covered in a workshop. Workshops have already been conducted in Atlanta, Houston and Tulsa, with workshop directors that have included Lori Spencer, a healthcare attorney, Susan Steeg, a public health attorney and Gary Cox, a public health official and attorney. In addition, workshops are being planned in communities including Seattle, Washington; Albuquerque, New Mexico; Portland, Maine and locations in South Carolina and Texas.

If after listening to two of our pilot workshop directors, Susan and Gary, you find yourself interested in serving as a workshop director or as a member of a planning committee in your community or if you're simply interested in learning more about CDC's Public Health Law Program or public health law in general, please visit the following website:

[www.phppo.cdc.gov/od/phlp](http://www.phppo.cdc.gov/od/phlp).

Now, we'll hear from two of our pilot workshop directors, and they'll talk

about the process of organizing and conducting community public health legal preparedness workshops in their communities.

H. Katz

Thanks, Montrece. I'll go ahead and introduce Gary, and as we mentioned earlier, if you have questions for Montrece or any of the other speakers, feel free to e-mail them and we will address them at the end.

Our next speaker, as Montrece said, is Gary Cox. Gary has been Director of the Tulsa City County Health Department since 1994. As director, Gary's responsibilities include Public Health Chief Executive Officer for the city and county of Tulsa. Gary began his career as an educator. He has served in public health for over 34 years, beginning as an environmentalist. He is also a lawyer and received his law degree from the University of Tulsa, and was previously legal counsel for the health department, as well as an adjunct professor of environmental law. He also serves as the president of the Oklahoma Public Health Law Association.

With that, Gary?

G. Cox

Thank you, Hal, and thank you, Montrece, for the excellent overview, as you always give this to us, and it gives us kind of a good foundation for

what we're going to be discussing here today.

Tulsa did serve as a CDC pilot site to try to have a very simple goal. Our goal here was to try to bring the legal practitioners, the people that advise health departments and hospitals and other healthcare providers, together with actually the public health professionals and healthcare professionals, to work together and try to get them in one room to sit down and talk about some of these issues that we have that are so high on our agenda since 9/11. What we are talking about and the end result of all of our efforts is to try to develop a better public health emergency preparedness effort for our jurisdictions or our states. That's really the end-goal, better public health preparedness, emergency public health preparedness.

Just kind of a side comment, that not only entails being prepared for an emergency that would be of a bioterrorist nature or radiation or chemical, in other words, terrorist act, but also that same training, preparation, partnership developing, also prepares us for naturally occurring diseases as well. Just to give you a short example, here at the Tulsa Health Department, we have an excellent public health emergency preparedness program.

We started one of the first syndromic disease surveillance systems, where we electronically connect with all of the hospitals, the major healthcare providers, clinics, physician groups, schools, over-the-counter pharmaceutical sales and so on, so that we can monitor what's going on in our community that would give us some indication whether something is going wrong. Whether there may be a biological agent in our community that's getting out of hand or whether that be an anthrax, small pox, tularemia, a terrorist-type of an activity, or whether that might be a naturally occurring influenza, which we're monitoring for right now. It gives you a few precious days, hopefully, of advanced notice that something is going on that you really need to look into and get a hand along and investigate further.

And just with that surveillance system, there are a number of legal issues that are involved in that, and that's just one example from a hospital level and from a clinic level and the physician level. There are legal issues that are involved in disease surveillance and in being prepared for public health emergencies.

In the pilot side, in April of this year earlier, we held a half-day session in partnership with CDC, in partnership with other departments across the

State of Oklahoma and also in partnership with the Southwest Center out of the University of Oklahoma - College of Public Health. I'll say it was productive. It was a very productive session. We had a number of people. It was about a half-day session. We had pre-test and post-test to see how well the information was received, and we had a number of people talk about a variety of issues relating to public health emergency preparedness.

We had, from the academic side, some professors who talked. Montreice gave a presentation on legal community, legal preparedness. We had presentations on the Oklahoma public health infrastructure, the state of the local public health system, who has the authority for quarantine, who has the authority for declaring a public health emergency and so on. These are all issues that we're going to have to deal with and we'd like to form partnerships and sit down in the same room and form relationships and actually sit down and talk through some of the scenarios that could happen before we actually have an emergency, not to wait until we actually have one.

You've heard the old saying in the public health circles, and then the first responders circles, when you have an emergency or a terrorist event or

some sort of a major emergency, that that is not the time to be exchanging business cards. You need to have relationships made. You need to know who you're going to be dealing with and have a working relationship with many people in advance of any kind of emergency.

We also had presentations on public health law and kind of the delicate balance between protecting the community and protecting individual liberties. And as you know, that there's a balance between protecting the community and there's a certain tension between those, and that pendulum sometimes swings, and of course, since 9/11, it definitely swung more towards protecting the community. In time, I'm sure that will readjust and swing, perhaps, more towards individual liberty side. It does fluctuate according to what's going on in the world and in the society.

We did have a presentation on our State of Emergency Powers Act and what are some of the authorities, who can declare an emergency and who can quarantine, what do you do if you have to have the public seize private property for public use and what do you do about protection of individual liberties and all of those things that have to be considered during an emergency.

And then, we had a kind of a lunch, and at the same time, a panel discussion. We had a local television news anchor, who was very effective at moderating our discussion. At the same time, you get a little bit of a side benefit if you get some additional news coverage out to get the word out to the community as well.

We had a very diverse panel, state commissioner of health. We had a local health worker. We had the general counsel for the state health department. Montrece was there from CDC. We had legal counsel from one of our major hospitals in our community. Again, we had a couple of professors and we also had a district court judge on panel. We had our secretary of health. We had a representative from the U.S. Attorney's Office on the panel.

We also had something that was I think interesting for Oklahoma, the general counsel for the Osage tribe, Indian tribe, who gave a very different perspective of public health emergencies and how we could work together.

We had a good diverse panel membership. I think it was well received. There were a lot of questions that were asked, a lot of discussion, which is

what we really wanted to happen. As far as the meeting itself, the total attendance was—we held this meeting in conjunction with the annual public health association here in Oklahoma. So we had 200-plus people to attend, actually the conference, and it was mostly public health administrators from across the state. There were a number of public health attorneys. We had some from the private bar, not as many as we would've liked. We had some healthcare attorneys from hospitals. We had some judges, and as we mentioned, the Native American attorney for the Osage tribe. So we had some pretty diverse demographics.

Some of the successes that we had, I think the evaluations that were given both verbal and written were very positive that the program was well received. The tribal attorney made the comment that he already saw some holes and some real gaps in tribal emergency preparedness, and was going to go work on legal preparedness from that angle. I think we had speakers in the morning and the panel at lunch and that went very well. The presentations were good. We had a diverse planning committee and I think that helps. We had excellent partnerships and sponsors. And we've got more attendance, I think, because it was held in conjunction with another major conference and that's the state public health conference.

One of the successes I think that we had was we discovered that there were some large gaps in the Emergency Powers Act that were revealed, and the district court judge actually pointed these out. I really think there are some big process issues here that really need to be addressed legislatively, so we could really effectively deal with this situation of public health emergencies.

Areas for improvement, there are certainly things that we could do better. Our local bar association, we didn't start in time to get a CLE credit for that, so I think the membership attendance from the local bar could've been a lot better, certainly if we had been able to get some CLE credit. Also, we very much want to get some legislators involved. Unfortunately, the legislature was in session at that time, and so we weren't able to do that.

What do we want to do now? We want to continue this effort. It's so important to have the healthcare bar, the private bar, the judiciary municipal attorneys, district attorneys, state attorney generals and others that are really sitting in the same room discussing issues, such as what are we going to do in the case of a public health emergency? It's important to have these discussions ahead of time, and really, it's a partnership effort.

There is no way that public health can effectively deal with a large-scale public health emergency. Yet surge capacity at the hospitals would be quickly overwhelmed, even in the case of a flu pandemic, if that would be the case. You have simply not enough volunteers to get everyone prophylaxed or immunized within 48 hours or a little more that might have to be done without having large quantities of trained volunteers. And then, when you get it, you happen to get quarantine orders or isolation orders, it would be very good if the bar and the judiciary were actually informed of what the process was that we would be going through in order to deal with that public health emergency in an effective way.

So, certainly, a couple of things we're going to do here locally is, we're going to try to do, put on something at our state bar association meeting in 2005. It's going to be a little more, address some of these issues, and also work with the legislators and the state health department to strengthen our Emergency Powers Act, which really needs to be tightened up and clarified in some areas.

So we thought that this was an excellent first step. We think that we have

a lot better cooperation and I guess interest level in partnering with a lot of different diverse groups from the legal community, and we came away with a very stark realization that we have to have the legal community as partners in order to effectively do our job in public health.

So that concludes my remarks. Thank you very much.

H. Katz

Thank you, Gary. We'll now go to our last speaker, Susan Steeg. Susan is the new Executive Director of the Public Health Law Association. She has spent over 20 years as the general counsel of the Texas Department of Health before becoming the executive director of the Health Law Association. With that, I'll turn it over to Susan.

S. Steeg

Thank you, Hal. I'm going to take us a little bit back. I was the project director for the pilot held in Houston, and we'll talk about that in a few minutes, as well as being project director, I also presented on the role of state agencies in public health in Texas at that meeting. So I wanted to just go over with you some of the outline that I had of my presentation on state public health laws and roles and responsibilities of the state agency. This will give you a flavor for what you would be putting on during one of your workshops.

Texas, like most other states, has given broad powers through statutes to a state agency to carry out public health functions. There is a communicable disease code that the legislature has enacted, as well as regulations of health facilities and health professionals. The state health agency is also empowered in a variety of environmental and consumer health areas, including food and drugs.

In Texas, maybe like some other states have a very decentralized public health system. We have 254 counties, only 148 public health agencies, which may be at the city or county level. The state does manage eight regional offices, and there are actually 141 counties in Texas that have no public health agency at the local level, and for these 141 counties, it is up to the state to provide whatever public health services those citizens receive.

In Texas, the state public health agency is charged with two intertwined roles. First is providing and supporting the essential public health services. Also, the agency must provide healthcare safety net for certain children and adults, again, as provided through legislation. These are payer programs, such as Medicaid, or they could be targeted to special

populations, such as programs for people with kidney disease or children with special healthcare needs.

For the state agency running public health in Texas, you can typically describe its programs in five major areas. The first is disease control and prevention activities, regulatory and consumer health protection activities, the provision of a healthcare safety net to various insurance programs, disease and risk-specific conditions, such as, again, those people who may suffer from diseases such as hemophilia or renal disease and lastly, as we've learned in the last two years, public health preparedness has taken on a new role in public health agencies.

Most states have laws that govern public health, and I've listed in my notes some of the major laws in Texas: the Local Public Health Reorganization Act, the Communicable Disease Prevention and Control Act, the Texas Disaster Act and the Emergency Management Assistance Compact. Again, all states will have laws similar to these. Briefly, I'll go over some of the highlights of what these laws have and why they're so important in regulating public health.

The Local Public Health Reorganization Act gives the cities and counties

who opt to have local health departments the authority to carry out public health functions in their jurisdictions. In Texas, these can be at the city or county level or there are actually multi-jurisdictional entities called “public health districts” that are enabled. Each health department or health district is required to have a health authority.

Now, the health authority is a physician. That is the person who is empowered by law to carry out public health orders to maintain ~~the~~ general sanitation, and again, at a local level if your city has ordinance-making authority, that city can empower that health authority to enforce the laws that are driven at a local level. So the health authority can wear two hats, if you will, carrying out state mandates, as well as those a locality may put into place.

The Local Public Health Reorganization Act also defines the essential public health services. So these are the traditional authority that we have for carrying out what we consider to be what is public health. Those are listed in my notes and include-such things as monitoring population health; developing health policy; and linking individuals to services that they need.

The Communicable Disease Prevention and Control Act, is going to be similar to those laws in your state, gives your state health officers the authority to carry out certain control measures to prevent and control the spread of disease. There is also rule-making authority that's given by statute. In Texas, I've given you the citation for where those regulations are found, and that would govern the surveillance, investigation, and control of communicable diseases. The law is very specific in Texas on how to impose control measures on individuals, property, on areas, and on conveyances.

There are process provisions that are required by law, and again, some states have used the model State Emergency Health Powers Act to go back into their laws to see where they are deficient. As Gary had mentioned a little bit earlier to you, they've identified some of these areas or gaps in Oklahoma. Again, our Communicable Disease Prevention and Control Act has been looked at during our last legislative session in light of the model act, and we have identified some areas in it as well, that we think will fill those gaps back in the legislature when they met in 2003.

Briefly, we had two other statutes I wanted to make sure that you all are familiar with, and that would be your State Disaster Act, and also the

Emergency Management Assistance Compact. Your State Disaster Act empowers your governor to take extraordinary measures to control an emergency situation. If it is a public health emergency, then the governor would be able to have orders restricting ingress and egress to and from the disaster area, and also under our laws, the governor may actually suspend any regulation or rule that is necessary to cope with a disaster.

So in the healthcare arena, this is a very important power because, as we know in times of crisis, not all regulated persons or entities can meet necessarily the requirements of the law. We saw this in the floods that went on in Houston, when we had to shut down hospitals, and as they reopened, many of them had to get waivers for certain regulations. The Disaster Act provision was not invoked then, but again, that is a very extraordinary power that the governor can use when needed.

The Emergency Management Assistance Compact has been enacted by almost every state in the union, and it allows the states to work together to share resources. Again, if you're not familiar with that act in your state, I urge you to review that.

I mentioned that legislation was recently passed in Texas. I say "recent."

We met every two years here in Texas, so our legislature met in 2003, and they passed some legislation that was a reaction, I believe, to the public health emergencies that they had seen over the years prior, including 9/11 and anthrax, SARS and monkeypox and also the smallpox vaccination campaign that began.

I have listed in my notes several bills that were enacted during their last session to basically, if you will, address issues of liability - some of the same questions that Montrece listed for us a little bit earlier - and we were able to expand the law to cover incidents involving release of toxic substances and treat this with the same control measures that we had in place for communicable diseases. So, again, as we are seeing these scenarios unfold, our laws are changing to have to meet what we see as beyond foreseeable.

I want to move now into what we did in Houston, and I call this "Community Public Health Legal Preparedness Houston Style." I was general counsel at the Texas Department of Health, and let me correct what Hal said, I was only general counsel for 12 years, but I worked for the agency for over 20 years. I believe that this initiative was very, very important, and I had to select where I thought I could have a successful

event. Montrece mentioned that the project directors are self-selected.

So, I'm one of those self-selected project directors. I sat down and had to think about what were my objectives, who was the target audience, where should the conference be held, and how should the conference be planned?

Houston was the likely choice in my mind. There was already a very organized health law section of the Houston Bar Association. The target audience that I thought we wanted to reach was the private healthcare bar that represented physicians and hospitals in a major metropolitan area. I looked for the Houston Bar Association, and they had a website. The web site listed a membership of almost 150 lawyers that were members of the health law section. There were also the presence of major academic institutions that had public health interest. They had a school public health, they had medical schools in Houston and they also have a law school, which hosts the Health Law and Policy Institute at the University of Houston. So I knew that the academic infrastructure, if you will, was there to support an educational event on public health law.

The other thing that attracted me to Houston was the fact that the community had had experience with a catastrophic event. The floods that

occurred in Houston a few years ago caused major impact to the Texas Medical Center. So for those of you who don't remember that, this was major hospitals, several hospitals that were flooded. Patients had to be evacuated. So, again, Houston had lived through this. They had experienced and they would understand the need to have preparedness.

Houston was also a good site because they have over 70 general hospitals in their county. It was home for one of the TDH regional offices, which public health services in the area. They have two local health departments - one in the county and one for the city of Houston. Again, as I mentioned, it was the home of the Texas Medical Center.

The conference planning—I was very fortunate in having the leadership of the health law section of the Houston Bar Association embrace this initiative, and part of our planning group included the leadership of their health law section, which included not only private lawyers from large law firms, but we also had in-house counsel from one of the medical centers, and we also had someone representing a small boutique health law practice. So we had a variety of lawyers in the private side represented on our planning committee. As Gary mentioned, we also had participations from the health department director in Houston and its legal

counsel, from the hospital district's legal counsel and from the county's legal counsel. As I mentioned, the Health Law and Policy Institute at the University of Houston also joined us on that planning committee.

I had thought that the meeting of the planning committee was a major success. We had these people in the room for a one-day session. We met for six hours in a facilitated setting. In six hours, we got the whole program planned, we selected the speakers, what the topics were going to be and we made our assignments. So it's very important that you have a group that you select that's going to be willing to help you as the project director get this program done, and be able to target what their interests are.

Let me first say the topics that we chose were, the first, as Gary mentioned, what are the public health roles and responsibilities at the federal state and local level? We also wanted to discuss public health legal challenges, and this was a talk that was given from an academic viewpoint. We actually invited a national speaker from one of the law schools to come in and talk about public health legal challenges. We also wanted the perspective from a local physician who worked in an emergency room, and that physician's perspective of what legal issues

they faced on a day-to-day basis when people come into the ER.

We had a panel that consisted of the policy makers, the local health officials, as well as the elected officials from the area. So we had a state senator who happened to be a physician representing Houston, who was able to come and talk about some preparedness issues. He also happened to be the one who sponsored the legislation on health emergencies.

We had a CEO from one of the major public hospitals, as well as the COO from one of the private hospitals giving their perspective on managing the legal issues around the floods that occurred in Houston. We concluded the presentation with a case study similar to the one that Montrece gave on SARS, and the attendees went into breakout sessions. Each breakout session had a leader and was focused on a particular issue, such as communications, legal issues, or liability issues.

As the project director that I had for this meeting, I convened the planning committee. I also prepared their minutes and made sure people knew what their assignments were. I did a follow-up to make sure things happened, and I also helped prepare the CLE application. Again, our meeting, unlike Gary's, was targeted primarily to attorneys.

The logistics are very important, and I have to say that I did not have to do anything more than invite the University of Houston Law Center to come to our meeting because they took over the logistics. The meeting was held at their campus and they took care of getting volunteers together the day of the event to assist with registration. They handled submission of the CLE applications and did video recording for us. So it's very important that you get a partner, if you will, that can help carry off a major meeting.

Our meeting objectives, again, I was very pleased with the content, the speakers. Everything was excellent. The logistics were great. As far as our attendance, like Gary, I was disappointed with the number of private attorneys who attended, but we had a large number of people attending from the public sector, from our county attorney's office in Harris County, and from the city. That was very good, as well as people from the local health department. We did get over almost five hours of CLE, and charged only \$20 for the session, and that was the cover a boxed lunch and parking. So we tried to use the CLE to lure people in. I'm not sure it worked as well as we had expected, but again, we had no problem with our programming in getting our CLE approved in Texas.

So, with that, I'll leave you with my notes with some resources that you can check, and I'll repeat again that the materials are available on the Public Health Law Association website at [www.phla.info](http://www.phla.info). I'll take any questions. Thank you.

H. Katz

Thank you, Susan. I guess before we get into the questions, I might want to point out in listening to this, and I've been fortunate to hear this presentation a few times; it sounds a little overwhelming and almost fairly theoretical. I think the director's guide that has been developed with input from a variety of people from people in the academic community, as well as private lawyers and public health officials, does a very good job of bringing it back down to the local level, to the operational level, to the private lawyer or in-house counsel level who's trying to develop policies and procedures and protocols for dealing with the issues that are going to arise in a public health emergency.

So I think for those of you who haven't seen the guide, you can request a copy of the guide, and we're going to talk about that in just a minute from Montrece. This is going to be, as you've heard her mention, the tool that helps you organize one of these workshops in your community.

We do now have time for a general discussion where the panel members can add to what has been said or comment on some of the things that the other panel members have said. Montrece, Gary or Susan, do you have any comments?

M. Ransom

If I could, I'd like to say that I think that one of the things that we can do or one of the things that I hope this call does, is show that we are reaching out to the private healthcare bar to get their more active participation in their communities because this is really a program about coordination and working together. So our partnership with the American Bar Association and this call, and our relationship with the American Health Lawyers Association, hopefully, will open some doors, so that we can reach the private healthcare attorneys and bring them to the table with this is. It's very important that they be there for the discussions.

H. Katz

I'll add to that. We all get so busy doing the regular day-to-day work, especially everyone in in-house counsel, as well as outside counsel, but everyone has to remember that if there really is a public health emergency, there will be no time to prepare. And sometimes you will lose access to your resources, whether that's a telephone that you will not be able to use

or your computer system that you won't be able to access.

G. Cox

That's absolutely true. I know here in Tulsa, we have redundant communication systems. We have many layers of communications set up, both to communicate during the emergency and also to communicate with the public, as well, and that's an important part of it.

And to add just on to Montrece's comment, I'd say also that in addition to the healthcare attorneys or the private lawyer, just the counsel that represent businesses are important as well, because business has become a very important partner in the public health emergency, and it's really important in the practice of public health everyday.

H. Katz

I would also emphasize that, because it's not just dealing with healthcare businesses. If there's an outbreak in a mall, if there's an occurrence within a restaurant, those businesses are going to be contacting their lawyers and asking for advice - can their facility be taken over, can their business be shut down, can they quarantine the business - all those issues will definitely arise. So it's not just the health lawyers that need to be preparing for a public health emergency. One of the things that we need to think about is how to be creative to get the private lawyers, whether

healthcare or not involved in this process. The biggest thing we've been able to promote is the CLE for participating in these workshops, but we're soliciting ideas on how to help this process, because it really is also a public service effort that we're making in preparing for a public health emergency.

S. Steeg                      Absolutely.

H. Katz                      Any other general comments before we get into the questions? We've got quite a few questions.

S. Steeg                      I'll just make one comment, and I guess this is—I wasn't just sitting around in my office one day deciding, “Well, what will I do in terms of having this workshop?” What actually happened was my realization during the smallpox vaccination program - I guess that was almost two years ago - when, if you all remember, the president made a call to have healthcare workers vaccinated. So we in public health, we were going ahead and getting all of our training done and heading into the hospital. Meanwhile, the hospitals we were working with, they were getting counsel saying that their workers should not get these vaccinations, that there were some worker's comp issues, other liability issues - whatever.

So that was, to me, the wake-up call that we couldn't have or we shouldn't have the public health law side lawyers and the private health lawyers that are going off in two different directions; that there is a public health, a focal point where we all need to sit down and decide what is in our community's best interest and how can we work through these legal issues together. If we need to go down to the legislature together and get a laws changed, then we need to start having this dialogue a lot earlier and try to work through the issues ahead of time.

H. Katz

Great. All right. With that, why don't we take some questions that have been e-mailed? The first one, there have been several questions to Montrece about the newsletter, the public health law newsletter and subscribing to that. Montrece, you want to go over again how individuals can do that?

M. Rawson

Yes. The public health law program website, which is [www.phppo.cdc.gov/od/phlp](http://www.phppo.cdc.gov/od/phlp). And if you check out that Web page towards the bottom is a link for the public health law news and you can check out achieved issues, as well as current issues and subscribe by going to the website.

H. Katz                   Great. The next question, what kinds of participation and support have you received from state legislators and policy makers? I think, Susan, you had mentioned about Senator Janek participating in the Houston workshop. Do you want to add to that?

And Gary, maybe you can touch on that, too. You had mentioned that it was during session, so you didn't have the kind of participation, but maybe you add to what Susan has to say.

S. Steeg                   For our Houston workshop, we wanted to have an elected official. We were fortunate that there were several that we could choose from who were already friends of public health. So I think this goes back to how your state agencies, your local agencies have gone down and educated your legislators on public health issues. So again, we would go to what I would call our “champions” of public health and those are the people that are very supportive.

What I think I can say in Texas is that's a very small group of legislators, and most legislators, really, this is not on their radar. So it really is incumbent on the group that has knowledge. In our case, Senator Janek is

a physician. He can go to his colleagues and educate them on the issues he thinks are important.

G. Cox

In Oklahoma our legislators have passed the Emergency Powers Act and they did that last year. So, there was a good deal of the debate, a public debate and discussion about who should have the power, who should make the declaration, how should individual rights be protected, and exactly how things would go from a legal perspective in a public health emergency. So, there's a lot of debate and with our legislature about that issue. I'm sure that has been the case in states who have adopted that model of Emergency Powers Act.

As far as policy makers, our Mayor has a homeland security task force here and public health is involved in that, U.S. attorney is involved in it, other local attorneys are involved in it. So there's a good deal of discussion about an emergency preparedness from the local level.

When we have exercises, which we do routinely from time-to-time, where we practice our preparedness, train and practice. I'm thinking of one in particular we had at a military camp, and in that exercise, the health department participated, the police, fire, ambulance, the military. But in

addition to your traditional what you'd referred to as your first responders or emergency responders, we also had representatives from the City Attorney's Office, the district attorneys office and the U.S. Attorney's Office, so they play right along and train right along in this exercise. I think it's certainly not stretch to recommend that we also have some private attorneys that take part of these exercises from time to time, too, because certainly, they're going to be involved in the public health emergency.

S. Steeg

If I might just add to what I had stated in light of what Gary has said in Oklahoma. Our Texas legislative experience is a little bit different in that we try to keep the debate down, I guess, on major issues. So when we went to the legislature with the changes that we needed, those were worked through the stakeholder process. The senator's staff led a group that included the civil liberties advocates, the hospital, medical, and nurses associations, all of the people who had a stake in these laws.

It was from that small group that we crafted a consensus bill. So when the Senator took this to the floor, it was the consensus bill. There wasn't really any debate because all the parties who had an interest in it were happy with it.

H. Katz                   What about in now the actual legal preparedness side? Are we seeing policy makers whether that be legislators or individuals within agencies, Gary, your like yourself on the legal side, the implementation side and gauging whether people have gone too far or not far enough?

G. Cox                    Certainly we're working with the policy makers, and as we've mentioned before, we have some holes in our Emergency Powers Act. Some things that are probably not addressed explicitly as they should, and so we are working with the state health department here and we'll be working with our legislator to try to remedy that problem.

H. Katz                   I can say on the actual preparation side, and this is not a criticism, but the observation that definitely the first responders have been a priority where most of the attention has been with regard to preparation. Most of the private practitioners in private facilities, unless they've done it on their own or have been helped by their particular trade association, they really have not been brought into that loop, whether on the legal preparedness side or just overall public health emergency preparedness.

G. Cox                    I think that's true. I think that an area that we definitely have to work on.

The problem is so complex, it cannot be handled by just a few. It's going to take a major participation by many, many partnerships in the community and as important as any of those, more important than many, is going to be legal preparedness.

H. Katz                      Let's go to our next question. Gary, this is directed to you. What kind of attendance or interest did you have from the private bar in Oklahoma?

G. Cox                      Not as much as we wanted to have. We did have some, but we didn't start in time to get CLE credit for this conference, and I think that really had influenced the attendance. I would strongly recommend that you start early if you're going to do this in your community or your state, start early, work with your state and/or local bar associations.

I think work to get some CLE credit for this conference, and I think it will be a lot better attended. Then it's just a matter of marketing at that point in time, and certainly we've learned some things that we did right, we learn some things that we certainly will do better next time.

H. Katz                      I guess, while we're on that, since we had another question related to this issue, do we have any suggestions for getting attorneys to participate if

there is no CLE? How do we get them involved in this kind of process?

G. Cox

I think that boils down to really education, awareness and marketing, and that is people have to be aware of how important an issue this is before they're going to get interested. So our job is to inform them of how important the issue is to the entire community and to their clients. I think once that information and awareness is disseminated, I think most people are going to be interested in it. Many people will be interested in it, certainly, but it's a matter of marketing and educating.

H. Katz

My additional thought would be that it's kind of along the line what you were saying, Gary. I think you probably have to make it beyond just legal preparedness. That would definitely need to be a portion of it. I think you want to open it up to the entire community, possibly partnering with the local Chamber of Commerce to be seen more as a business issue, a community issue and not just a lawyer issue.

G. Cox

No. I think that's absolutely true and we do work very closely with our chamber of commerce here in our community. And there are key components of this preparedness effort and I think too, we have—it takes a number of volunteers to get this job done. We have at our health

department, we have about 500 trained volunteers and we're training and putting more volunteers on all the time. We have anticipated that this is going to take about in excess of 2000 volunteers for our community to adequately deal with a really large public health emergency, and so, certainly, the legal aspects of that preparedness and even volunteers, that's important part of preparedness.

H. Katz

I think it may also be helpful to talk about any resources that may be available for this preparedness effort. I know that there were federal dollars granted for non-legal preparation, but are the dollars on the legal side or some of those dollars available to assist in the legal preparation? Susan, would you know, or Gary or even Montrece?

M. Ransom

I do know that there were in the bioterrorism funds, it was critical benchmark four, I believe, that asked states to review their legislation. And that's taken place and there's actually—we produced a report here one of our staffers worked on it, sort of evaluating with the stage responses were to their assessment of the laws, and that's where a lot of the public health lawyers have been busy. We like to see healthcare attorneys spending their time at least looking at the laws and hopefully inform like the workshops will give them the opportunity to do that.

S. Steeg                    When I reviewed the grant that came in to Texas this year, I was disappointed because that way they had worded that, as Montrece said, was still reviewing and analyzing the laws that the states had and really was not geared toward helping produce these type of workshops. Now that's one part of the grant. I believe there are other parts of the bioterrorism grant money that was to be used for professional training, and there is maybe some way that states could use some of their grant dollars to put together the training. But again, it was probably not as clear as it could be to try to support this with some of the CDC's BT grant funds.

G. Cox                    I know these centers for public health preparedness are around the country and we have one here in Oklahoma, Southwest Center, and they do a great deal of training. And that's available to not only public health people but others as well, and that's a good resource. I know those are not in every community, but there are an number of them throughout United States.

H. Katz                    Why don't we go on to another question? The question is, what are you doing to reach out to minority communities in this public health legal preparedness? Montrece?

M. Ransom            I think probably the best example of that in the three pilot workshops we did, this took place in Tulsa. Gary, do you want to talk about the involvement of the Native-American communities?

G. Cox                Yes, we did have the involvement of our Native American communities. We have a number of tribes here in our state in our area, and I think it was productive. It was eye-opening, I think, for both of us, really, both for those of us in public health and those that are in the Native-American tribal government organization. I know one of the comments that the attorney for the Osage tribe made is, number one, these are issues that he had not thought about, and it was enlightening to him to even sit there and just think about these and what the ramifications might be for the operations of their tribe.

I think the second thing was there's a lot of work to be done, and I think the third thing is and—you know word of the tribes and other minorities how is public health reaching out to engage them and to get them involved in this preparedness, which would involve legal preparedness as well. I think we do have a lot of work to do in that area. I think we've made some strides, but there a lot of things that need to be done. We need to look in our communities and identify who these groups and associations

are and really try to link in not only the minorities, but also special populations, as well. For example, the homeless population or compromised population or other populations that may have special needs that we need to include in our planning and preparation for an emergency.

H. Katz

Okay. We'll go on to our next question, and this one is directed to Susan. Susan, I think you mentioned the multi-jurisdictional compact. During the flooding in Texas, was the multi-jurisdictional compact applied? Could you elaborate on this compact? Is it a compact between counties or is it between states?

S. Steeg

The compact that I referenced in my notes was the one between states, but the group that has developed this actually had a model now available, and it's on their Web site for counties. So, again, the model that they were working on last year was an opt-out model. Meaning, your state would pass the law that says every county is within this mutual aid pact, unless the county opted out.

So, again, I'm not sure I have the citation in my notes here, but please feel free to contact me. My e-mail address is in there, whoever asked the question, and I will share with you what that cite is to this new model act.

Again, it's brand new, so I don't know what state, if any, have passed it yet.

In Houston, I don't know specifically if they asked for it or state health, but I certainly can tell you that they relied on other jurisdictions in Texas. Other hospitals in Texas were able to take the patients from a hospital, and certainly, other emergency crews from throughout the state of Texas were called in. So, usually, the interstate compact isn't used if the state has enough resources, and again, for your state's emergency planning in your disaster plans, each state has a mechanism for calling in its own state resources first.

So, again, until the state resources are used up, then you don't call in for help from other states. The exception probably will be those cities that are right there, near state borders, where they've worked some things to use in the case they have a disaster that's in their area, such as the border cities that we have in Texas. There may be some compacts that come into play, again, because the local help is there sooner than from another part of Texas.

H. Katz

Gary and Susan, maybe you can touch on how long your process was,

from starting by contacting the first individuals to organize the workshop to actual execution of the workshop?

S. Steeg

This is Susan. I'll go first on that. We had a very short timeline. I believe I started contacting people around December, early January, and we had our planning meeting in mid-January with the workshop actually held the end of March. So we gave ourselves a little over eight weeks to pull the whole thing together, but again, I had great cooperation, but actually we were able to do this in, I would say, about three months' time.

Now, the one caveat is going back to marketing. We probably could've— if you're trying to get large numbers of people, then you probably wanted more time built in to do more marketing. We were targeting 50 to 60 people, and we got right around 50 people.

G. Cox

We had a short time frame here in Tulsa as well. I'd say, really about four months, and that, quite frankly, was not adequate for really what we wanted to accomplish. I would say you really probably need a six to eight months lead time to really do it the way we would like to do it in our community in ...

- H. Katz                    Susan and Gary, how many people did you have on your planning committee?
- S. Steeg                    I think we had about ten or 12.
- G. Cox                      That's about how many have, as well, about a dozen.
- H. Katz                    And Montrece, do you want to touch on the kind of support the CDC provides, the workshops? Obviously, this is a self-driven process, so the communities are doing substantially all the work, but how are you available and CDC available to assist?
- M. Ransom                We've got lots of resources here within the CDC, and I do not mind at all hearing from the workshop directors as to what they may need as far as speakers are concerned or research done for preparation of their workshops. But I am the lone director of the community public health legal preparedness initiative here at CDC, and I think that part of the importance of the workshops is that everything is done on a local level. So I'm really here to provide technical assistance and a little bit of consultation, but we want the workshops to be customized to meet the needs of the jurisdiction and the community

We want them to walk away with opportunities to create follow-up projects or products, things that will benefit the community beyond just having met each other and exchanged business cards and learned a little bit - desk summaries, bench books, other training opportunities for judges and other lawyers in the community. I think you mentioned, Hal, that this is a public service sort of thing, and it really is. It's important to involve the local bar association. I will say, we talked a little bit about inviting businesses to participate.

One of the first meeting that I went to when we were talking about the need for this, businesses came up and it's absolutely important, and the title of the initiative is "Community Public Health Legal Preparedness." We want the community to be as legally prepared as possible. However, the problem was - or not the problem - but the issue was, public health attorneys were saying, "We don't even know who our healthcare attorneys are." So we reached out to them first, what's the first step?

And so that's what we're trying to do with this particular initiative. And then, as it grows, we want to include more community members and the private bar, because we believe that the private bar, as a whole, can be a

tool for improving the public health in areas beyond legal preparedness.

H. Katz                   Montrece, I think we have time for one more question, and I'm going to direct it at you. Could you elaborate on the applied research prong of the community public health legal initiative?

M. Ransom               Actually, the applied research prong is one of our strategic areas here at CDC, but with regard to the community public health legal preparedness initiative, what we'd like to see are products developed from the initiative in applied research - information on and ... its application, white papers on the application of HIPAA and that sort of thing, questions about immunity. One of the things that we're doing here at CDC is a state-by-state analysis of quarantine laws. We're calling it a road map, and you can also find a few states that we've completed on our Web site.

So within our program, we worked with a lot of outside or external partners, including the American Health Lawyers Association, on some of their research that they're doing. For example, the American Health Lawyers Association just completed a emergency response and recovery checklist, and we looked over that and provided some input from the public health side. I think that those sorts of resources and that sort of

research is absolutely beneficial for workshops, but again, those are general, and we'd like to see more local research and information developed.

H. Katz

Thank you, Montrece. I think we are out of time, so in closing, let me thank our panel for participating in today's program. Thank you for participating and for your interest in this initiative. We invite you to join the American Bar Association Health Law Section and the Public Health Law and Policy Interest Group, as well as the Public Health Law Association. I think you have those Web sites. I don't think you have the ABA Health Law Web site, so let me give that to you. That is [www.abanet.org/health](http://www.abanet.org/health).

Let me also give you the information again on the CLE credit. You should have received a form to confirm your attendance. Please complete that form, as well as the conference evaluation, and fax that back to the ABA. That fax number is 312-988-5368. If you haven't received any of our information, please contact us. The materials, as you heard earlier, are available, [www.phla.info](http://www.phla.info).

Thank you, everyone, and we look forward to working with you in this

initiative. Bye.