

Why States Should Strengthen — Not Limit — Public Health Authority

Some legislatures are moving to restrict what health departments can do. This ill-advised political interference can cost lives now and aggravate inequities in the post-pandemic era.

May 18, 2021

Oxiris Barbot and Sarah de Guia



The COVID-19 pandemic has been a once-in-a-century stress test for the United States. Despite [strong evidence](#) that properly resourced public health agencies are crucial in protecting Americans from both man-made catastrophes and natural disasters such as COVID-19, many state legislatures are considering or have already approved [policy changes that will strip authority](#) from state and local health departments.

With more than 585,000 Americans dead from the coronavirus and many more still at risk of death or long-lasting medical complications, state lawmakers must not block public health agencies' ability to use their full power to save lives. Instead, lawmakers should take steps to strengthen public health authority at the state and local levels.

When one of us, Oxiris Barbot, served as commissioner of health for New York City, she saw firsthand how political interference in the exercise of public health authority can cost lives and impair emergency response efforts. Given [personal attacks and threats against](#) public health officials, the relentless pressures of managing the COVID-19 crisis and, over the past decade, [drastic funding cuts](#) to public health preparedness and emergency response programs, public health leaders need our support now more than ever. Severely limiting the ability of local and state health officials to do their jobs, as many state legislatures have been doing, will only prolong the pandemic and needlessly risk the health and lives of millions of Americans.

As the pandemic enters yet another phase — including the possibility of a fourth wave of infections in some states — and the need to ensure rapid vaccination of those in the hardest-hit communities intensifies, state and local policymakers can best serve their constituents by emphasizing the importance of employing evidence-based interventions recommended by experts. In many places, however, the opposite is happening. A majority of state legislatures have either passed or are considering bills that would drastically limit state and local public health powers. These legislative proposals range from stripping regulatory authority from local boards of health to prohibiting localities from enacting mask mandates and limiting the duration of emergency declarations from the executive branch.

Take, for example, Kansas' [Senate Bill 40](#), which was signed into law in March. Among the bill's dizzying array of legal changes is authorization for the Legislature to revoke certain orders issued by the secretary of health and environment. Another restrictive statute is Montana's [House Bill 121](#), also recently signed into law, which requires approval from local elected officials for local boards of health to enact certain new regulations and also allows local politicians to modify or reject health orders issued during a state of emergency.

While most of the proposed or approved legislative changes in these and other states will hinder public health officials' ability to respond to the ongoing pandemic, that is only one way in which the policy changes will negatively affect public health. Limiting public health authority will also disrupt public health officials' ability to respond to future emergencies and improve long-term health outcomes for vulnerable populations. It is virtually certain that these ill-considered policy changes will aggravate existing health and wealth inequities in the post-pandemic era.

In the aftermath of the national tragedy of COVID-19, policymakers will have a responsibility to evaluate our public health system and determine which parts need reform. But the rushed, reactionary, anti-regulatory approach that many state legislatures are taking will create more problems than it will solve, exposing Americans to unnecessary risks and perpetuating existing injustices.

Instead of rolling back authority, legislatures should be actively protecting public health authority at the state and local levels so that experts can continue to promote solutions that will bolster economic growth, reduce inequities and address chronic health conditions. Strengthening public health infrastructure and leadership is the best route to a better post-pandemic future in which every American has a fair chance to live a healthy, prosperous life.

Dr. Oxiris Barbot, a former commissioner of health for New York City, is an adjunct assistant professor at Columbia University's Mailman School of Public Health, a senior fellow for public health and social justice at the JPB Foundation, and a ChangeLab Solutions board member. Sarah de Guia is the CEO at ChangeLab Solutions. An attorney, she previously served as executive director of the California Pan-Ethnic Health Network.