



## **Leadership Discussion of Good Samaritan Legislative Initiative American Public Health Association Partnership Meeting**

**November 6, 2006**

As part of the American Public Health Association's Annual Conference in Boston, the APHA Executive Board hosted a leadership discussion to examine opportunities for using legal preparedness to build partnerships with the private sector.

In attendance were most of the 24-member APHA executive board, together with key elected leaders and staff from the Association of State and Territorial Health Officials, the National Association of City and County Health Officials, the National Association of Local Boards of Health, the Association of Public Health Laboratories, the Partnership for Prevention, and the Public Health Foundation. Gene Matthews of the North Carolina Institute for Public Health moderated the discussion, which was preceded by three brief introductory presentations.

Michael Greenberger, JD, director of the University of Maryland Center for Health and Homeland Security, outlined efforts by his center to bring together private and public sector organizations to develop a framework for mutual aid, continuity of operations planning, surge capacity contingencies, and maintaining essential court functions.

*"Until we in public health see our need to be of assistance to the business community, we are missing a GREAT OPPORTUNITY. We must become more conscious of the needs of the businesses who are part of the fabric of our community."*

Gene Mathews outlined the Alfred P. Sloan Foundation-funded Public/Private Legal Preparedness Initiative to expand state Good Samaritan liability protection to business and non-profit organizations and to develop common human resource policies during emergency situations.

Chris Hoke, general counsel to the NC Division of Public Health, then described in more detail the current efforts to revise the North Carolina Good Samaritan legislative liability coverage to include protection for businesses and non-profits that carry out community preparedness activities.

An extensive, in-depth discussion then followed that focused upon the Good Samaritan legislative initiative. In general, the participants were extremely supportive of both the timing and the practicality of this Good Samaritan initiative as a way to build bridges between public health and the private sector. Here are some of their comments:

- "We commend you for this effort. This is a landmark initiative."
- Public health must look for leverage to build these new partnerships. The business community "is now banging on our door" to talk about preparedness. We need to respond.
- Federal "one-size-fits-all" legislative fixes can be a blunt instrument, not well-suited for particular local circumstances and situations.

➤ “We need to build *relationships*. Law without relationship is useless.”

➤ Here is a fresh example of a need for revision to the liability laws during emergencies:

One of the unanticipated consequences of school closures is the fact that many children will not have access to their school lunch program. Alternate school lunch arrangements will need to be made; otherwise students may not be able to stay home. School cafeterias and school buses are not a practical alternative to deliver meals. A better mechanism may well be temporary assistance from fast food restaurants, with home delivery augmented by package delivery services like UPS, FedEx, etc. A choke point to this alternate arrangement is concern about liability. A revision to the Good Samaritan protection during an emergency would help resolve this concern.

➤ Liability protection for non-profit organizations who do not normally engage in emergency assistance is vital in order to encourage wider voluntary participation. At the present time, these “non-emergency” non-profit organizations (such as churches) may not even be aware of their potential liability exposure when assisting in an infectious disease situation.

“This is a LANDMARK INITIATIVE.”

“We need to do this in all 50 states.”

➤ There are parallel efforts underway to solve some of these liability issues with federal legislation; however, most agree that the leadership on this matter still has to come at the state level. Once states start making these legislative changes, it becomes easier for a federal legislative response to be considered. At the present time, however, state and local jurisdictions are ahead of the federal efforts on similar matters such as cross border coordination.

➤ Technically, most governors already have some general authority to suspend state rules and legal requirements during emergencies. However, in practice, many governors would be very hesitant to apply this general authority to liability situations, without some specific concurrence from the legislative branch. The Good Samaritan initiative makes very good sense at this time.

➤ “Until we in public health see our need to be of assistance to the business community, we are missing a great opportunity. We must become more conscious of the needs of the businesses who are part of the fabric of our community.”

➤ “Businesses are now begging for public health to assist them with their own business protection plans. A corollary is that businesses will readily see the need for this legislative change and support it.”

➤ One note of caution: “We need to ask ourselves, ‘What is public health giving up by engaging in these partnership initiatives?’ A better way to frame the discussion may be to focus upon ‘reducing barriers’.”

➤ We should recognize that the decision-maker in a school closure situation is a first responder. The rapid cascade from school children to parents to employers is almost instantaneous. “This is the heart of the relationship issue.”