Effect of Variations in State Emergency Preparedness Laws on the Public Health Workforce’s Willingness to Respond in Emergencies

Legal Research Protocol

Aim: To identify and code state-level laws for the following areas within emergency preparedness:
1) Power to declare a public health emergency
2) Requirement to have a public health emergency plan
3) Liability protections for first responders
4) Priority access to health care supplies (e.g., vaccines) for first responders
5) Promotion of intra-state sharing of health care resources

A. Data Collection

1. Research assistant #1 was assigned to 25 states (Alabama to Missouri) and research assistant #2 was assigned to 25 states (Montana to Wyoming).

2. Each research assistant searched for and collected laws regarding the above areas of emergency preparedness by:
   a. Running searches with the following terms in Westlaw or Lexis for all current state laws:
      i. Search terms for power to declare a public health emergency: (governor OR "health officer" OR secretary) AND ("health emergency" OR "public health emergency" OR disaster OR emergency)
      ii. Search terms for requirement to have a public health emergency plan: (medical or health) AND ("emergency plan" OR "operation plan" OR "emergency management plan" OR "plan of emergency management")
      iii. Search terms for liability protections for first responders: (license! OR provider OR agency OR "medical reserve corps" OR responder OR volunteer OR employee) AND (emerg! OR disaster OR terror!) AND (liab! OR immun! OR indemnifi!)
         1. Searches were also run for “Emergency Management Assistance Compact” and “Uniform Emergency Volunteer Health Practitioners Act”
      iv. Search terms for priority access to health care supplies (e.g., vaccines) for first responders: (responder OR volunteer) AND (priority OR precedence OR preferen! OR vaccin! OR antibiotic OR pharmaceutic! OR “health care” OR counseling)
      v. Search terms for promotion of intra-state sharing of health care resources: ("local government" OR agency OR subdivision) AND ("mutual aid" OR “mutual assistance” OR “emergency aid” OR “emergency management”)
      vi. State regulatory codes were searched using the above search terms
      vii. Note: all search terms were developed through an iterative process, with the final list of search terms established after multiple study team meetings and review of preliminary findings
b. Scanning the results in each category for laws related to the areas of interest within emergency preparedness.

c. Downloading laws into folders (one folder for each of the 50 states). Each state folder contained subfolders for each of the five areas of interest.

d. Collecting effective dates by examining state session laws and historical notes for select laws.

e. Meeting on a regular basis with the full study team to resolve any questions or discrepancies.

B. Quality Control

1. After completing their respective searches for 25 states, each research assistant compared their results to publicly available information about state emergency preparedness laws. The research assistants looked for inconsistencies between their results and this information. The research assistants examined: Model State Emergency Health Powers Act tracking materials (http://www.networkforphl.org/_asset/80p3y7/Western-Region---MSEHPA-States-Table-8-10-12.pdf); CDC’s Public Health Emergency Legal Preparedness Clearinghouse (http://www.cdc.gov/phlp/publications/type/benchbooks.html). When inconsistencies were noted, they were resolved by revisiting the relevant statutes and/or regulations and through discussion with the study team.

2. Each state’s subfolders were then checked to remove duplicate laws.

C. Coding

1. The principal investigator and co-principal investigator, along with members of the study team, created an Excel spreadsheet that listed the provisions for which each law would be coded. These provisions became coded variables within the data set. To begin the codebook, each variable received a name, a label with a description, and a list of values.

2. The spreadsheet contained variables in the columns and state laws in the rows. Because we looked at five types of laws within each state, there are five rows for each state.
   a. Row 1: Power to declare public health emergency
   b. Row 2: Requirement for public health emergency plan
   c. Row 3: Liability protections for first responders
   d. Row 4: Priority access to health resources for first responders
   e. Row 5: Intra-state sharing of health care resources

3. Research assistant #1 and research assistant #2 received the codebook. Using this as a guide, they read and coded each of the laws for each of the variables in the codebook for 25 states.

4. Once both research assistants completed their coding assignments, a third study team member, who was not involved in the coding process, independently coded laws from a 20 percent sub-sample (i.e., 10 states). Interrater agreement was measured between the two research assistants and the third coder.
5. Members of the study team reviewed the coded data set to identify outliers that might indicate errors with data entry.

6. The study team met to discuss and resolve any inconsistencies in the coding. Final coding determinations were entered into the data set. As part of this process, members of the study team returned to the statutes to determine whether errors occurred in the coding itself or due to interpretation of a law’s meaning.

7. The codebook, this protocol, and the final coded data set were made publicly available on the study team’s website.