

Policymakers define **public health** as "the art and science of preventing disease, prolonging life, and promoting health through the organized efforts of society." The U.S. public health system differs from that of many other countries due to **federalism**, the separation of power between the states and the national government. According to longstanding constitutional principles, the states have primary authority to govern the health. welfare, and morals of their own populations, an authority known as **plenary police power**.

As the modern U.S. public health system evolved, policymakers stuck to the basic rule that states (and localities) should take the lead on matters of health.2 National agencies offer resources, coordination, and backup – and may take on a more prominent role in emergencies.

State public health agencies coordinate public health policy within each state's borders. They sometimes exist within a larger department, but more often are free standing entities. Chief state public health officers (with titles such as the 'state health secretary' or 'state commissioner of health') are usually appointed by governors.3 Nearly 2,800 local health departments may report directly to the state, or may be under the control of counties or cities.⁴ State and local public health agencies are often on the "front lines" of public health threats, responding to local needs and performing tasks as varied as restaurant inspection, immunization services, and tobacco cessation education.

At the same time, national laws have created institutions such as the Centers for Disease **Control and Prevention (CDC)**, designed to protect the country from health threats, and the National Institutes of Health (NIH), a medical research agency. Each is housed within the Department of Health and Human Services and coordinates with other executive agencies as well as with the White House when called upon. Federal authority over health policy stems from the Constitution's **commerce clause**, which allows Congress to address matters impacting commercial activity, as well as the **spending clause**, which permits Congress to spend money pursuant to the "general welfare".

For example, the national Food and Drug Administration (FDA) directly evaluates the safety of various medications (a use of the commerce power). The federal Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides money to state health agencies for food, health, and nutrition programs for pregnant women, new mothers, and young children (a use of the spending power).

If the national Secretary of Health and Human Services determines that a **public health emergency** exists, he or she may release additional funding, deploy resources, and use discretionary powers. On January 31, 2020, HHS Secretary Alex Azar declared a national health emergency in responding to the COVID-19 virus.

Finally, the president and the CDC have the authority to quarantine and isolate individuals to prevent diseases from spreading. Use of this authority on a large scale is rare, however.5

Officials, November 2017, Chapter 1, https://www.astho.org/Profile/.

antineisolation.html.

¹ Donald Acheson, Public Health in England. The Report of the Committee of Inquiry into the Future Development of the Public Health Function (London: Her Majesty's Stationery Office, 1988).

² Bernard J. Turnock and Christopher Atchison, "Governmental Public Health in the United States: The Implications of Federalism," Health Affairs November/December 2002, pp. 68-78.

³ ASTHO Profile of State and Territorial Public Health, Volume 4, Association of State and Territorial Health

⁴ National Association of County and City Health Officials, 2016 National Profile of Local Public Health Departments, http://nacchoprofilestudy.org/reports-publications/.

⁵ "Legal Authorities for Isolation and Quarantine," Centers for Disease Control and Prevention, https://www.cdc.gov/quarantine/aboutlawsregulationsquar