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PUBLIC HEALTH AUTHORITY
Fact Sheet

Immigration Executive Actions and Public Health

Background

Immediately upon taking office, President Trump issued a slew of executive orders (EOs) targeting immigrants. Other executive branch agencies and officials have also issued memorandums and taken other actions to implement the EOs. Together, these executive actions represent "an effort to redefine America to exclude [immigrant communities]." While many are the subject of legal challenges, the chilling effect of these actions is undeniable.

The attempt to expand federal immigration enforcement powers harms immigrants and their families and has created uncertainty and fear in these communities. It also conflicts with state and local policies to eliminate health inequities and protect the public's health, but community leaders continue to stand by immigrants. As such, this resource aims to support health departments, community-based organizations (CBOs), and others working to promote the health of all individuals residing in their communities. It provides an overview of several of the Trump Administration's immigration-related executive actions and identifies legal challenges. It then highlights how these and other anti-immigrant efforts harm the public's health and deepen health inequities. Finally, it provides answers to frequent questions on implications for health departments, CBOs, and others navigating the changing landscape.

As explained in further detail below, the administration's actions threaten the health of communities through several shifts in immigration policy. These shifts include executive actions targeting states and localities with "sanctuary policies" designed to limit state and local cooperation with federal immigration enforcement. Sanctuary policies seek to encourage immigrants to access needed support and services by reducing the risk that contact with governmental entities will threaten their safety or otherwise cause harm. Numerous executive actions also seek to halt funding to non-governmental organizations (NGOs) providing vital support to immigrants. And the administration's actions further harm health by promoting increased reliance on detention, as opposed to other forms of supervised monitoring that do not pose the same risks to health and safety.

In a significant policy change, the administration has additionally rescinded guidelines limiting immigration enforcement in "protected areas"—places where enforcement activity would impede access to essential

services or engagement in essential activities, many of which play a critical role in supporting the public's health. The protected areas included health care facilities, vaccination and testing sites, social services agencies, and places providing emergency relief, among other areas. The rescission of these guidelines will result in increased Immigration and Customs Enforcement (ICE) presence in or near these areas, which may have a chilling effect on people in need of essential support.

On other issues, the administration has reiterated existing policies rather than directing policy changes. For example, numerous EOs direct federal agencies to limit undocumented immigrants' access to public benefits in accordance with federal laws. Undocumented immigrants are already ineligible for most public benefits, and these directives are unlikely to change eligibility rules. Rather than driving policy changes, these EOs are likely intended to sow fear and confusion, discouraging immigrants and their families from accessing services to protect their health and wellbeing.

Understanding Immigration-Related Executive Actions and Legal Challenges.

Executive Order on "Protecting the American People Against Invasion" (EO 14159) and Related Actions

On January 20, 2025, the President issued this sweeping EO, which attempts to bolster federal immigration enforcement power by:

- Directing certain federal agencies to prioritize immigration enforcement and removal from the U.S.;
- Directing the Attorney General to prioritize prosecution of immigrants for unlawful entry (i.e., entering the United States without permission);
- Directing the Secretary of Homeland Security to expand the use of expedited removal (a process for summarily removing noncitizens from the U.S. without a hearing before an immigration judge);
- Directing additional resources into creating more detention centers;
- Establishing Federal Homeland Security Task Forces that will operate in all states across the U.S.;
- Directing the Attorney General and Secretary of Homeland Security to block federal funding to "'sanctuary' jurisdictions" that "interfere" with federal law enforcement operations;
- Directing a review of contracts, grants, and other agreements with NGOs "supporting or providing services, either directly or indirectly" to undocumented people to ensure such agreements conform to applicable law; are free of waste, fraud, and abuse; and do not promote or facilitate violations of immigration laws;
- Requiring funding pauses for NGOs found to be providing such services and potentially initiating agreement termination, clawbacks, and recoupment; and
- Directing the Office of Management and Budget to ensure federal agencies "stop the provision of any public benefits" to undocumented people not authorized to receive them.

The U.S. Attorney General at the Department of Justice (DOJ) later issued a Sanctuary Jurisdiction Directives memorandum attempting to implement the directives in EO 14159 targeting sanctuary jurisdictions and NGOs (February DOJ Memorandum). The DOJ then filed a lawsuit against the State of Illinois and the City of Chicago, seeking invalidation of their state and local sanctuary laws.

However, EO 14159 and executive branch actions taken under it are subject to numerous legal challenges currently playing out in the courts, including challenges to the administration's targeting of sanctuary

jurisdictions. Search for challenges to EO 14159 using the Just Security EO litigation tracker. For now, EO 14159 and the February DOJ Memorandum continue to be implemented.

Department of Homeland Security Directive Rescinding Guidelines on Protected Areas

On January 21, 2025, the Department of Homeland Security (DHS) released a statement announcing that the Trump Administration had rescinded guidelines restricting ICE and U.S. Customs and Border Protection (CBP) enforcement in or near protected areas. The previous guidance had aimed to avoid enforcement activity that "would restrain people's access to essential services or engagement in essential activities." Examples of protected areas (also called "sensitive locations") included medical and mental health care facilities (such as health clinics, community health centers, and vaccination and testing sites), social services establishments (such as shelters, food pantries, community-based organizations, and substance use counseling and treatment facilities), schools, places of worship, and places providing relief in response to disasters and other emergencies.

According to the DHS directive, the Trump Administration will not restrict immigration enforcement in these formerly protected areas and will trust law enforcement to use "discretion along with a healthy dose of common sense"—a policy that places no meaningful legal standard or limit on ICE and CBP actions. Like EO 14159, this directive is being challenged in the courts. In one case, a federal district court in the District of Maryland has issued a preliminary injunction preventing the DHS directive from being applied with respect to the plaintiffs in that case, who are places of worship. This means that ICE must avoid immigration enforcement actions at or near the plaintiff places of worship in accordance with the prior guidelines. While the DHS directive remains in place outside of this narrow context, including pending lawsuits regarding other places of worship and schools, the injunction illustrates how this is a dynamic area that will likely evolve as court cases proceed.

Executive Order on "Securing Our Borders" (EO 14165)

On January 20, 2025, the Trump Administration signed EO 14165: Securing Our Borders. Among other actions, this EO:

- Directs the Secretary of Homeland Security to prioritize, to the fullest extent permitted by law, detention of individuals over other forms of supervised monitoring;
- Requires termination of practices that permitted individuals to be released from custody pending their immigration court proceedings;
- Requires that all appropriate action be taken to pursue criminal charges against undocumented people for violations of immigration laws and "against those who facilitate their unlawful presence in the United States"; and
- Eliminates the use of the CBP One application for individuals seeking parole, temporary admission into the United States, while their admissions claims are being processed.

The portion of the EO discontinuing use of the CBP-run app that helped asylum seekers schedule appointments for admission into the United States while pursuing their claims for asylum is the subject of a request for a temporary restraining order, which was denied. We are not aware of any other legal challenges, and EO 14165 continues to be implemented.

Executive Order on "Ending Taxpayer Subsidization of Open Borders" (EO 14218)

On February 19, 2025, the Trump Administration signed EO 14218: Ending Taxpayer Subsidization of Open Borders, which seeks to prevent undocumented people from accessing public benefits. This EO, which does not specify which benefits will be targeted, directs federal agencies to (among other things):

- Identify federally funded programs that are not in compliance with the Personal Responsibility Work Opportunity Reconciliation Act of 1996 and other federal laws that prohibit undocumented people from receiving designated public benefits and to report any improper use of benefits to the DOJ and DHS;
- Ensure payments to states and localities do not "facilitate the subsidization or promotion of illegal immigration, or abet so-called 'sanctuary' policies";
- "[E]nhance eligibility verification systems" to ensure undocumented people are excluded from public benefits; and
- Identify, within 30 days, all other sources of federal funding for undocumented people and recommend agency action to align agency funding with the EO's purposes, including through "enhanc[ing] eligibility verification systems."

We are not aware of any legal challenges to this EO thus far.

The Trump Administration has taken a host of other executive actions to target immigrants and expand immigration enforcement power, many of which also have implications for public health. Trackers from the Democracy 2025 Response Center, Just Security, and the National Council of Nonprofits provide further information on these actions and the lawsuits challenging them. A detailed overview of the Trump Administration's Day 1 Executive Orders and the harm caused to immigrant communities is available from the National Immigration Law Center (NILC) here.

Implications for Health, Health Equity, and Public Health

The new federal administration's executive actions on immigration have serious implications for health, health equity, and public health. It is well established that "restrictive immigration enforcement is associated with worsened health outcomes, [including] birth outcomes, mental health and health risk behaviors) and reduced health-seeking behavior (e.g. lapses in care and delayed care)." ("Health Care Institutions and Immigration Enforcement: An Ethical Imperative", Health Affairs Forefront, February 12, 2025. DOI: 10.1377/forefront.20250211.520428). Other potential negative effects on public health and health equity include:

- The rescission of protected area guidelines and the presence of ICE in protected areas discourage immigrants and individuals in mixed-status families from seeking physical and mental health care, visiting vaccination and testing sites, receiving substance use disorder treatment, receiving social services, and accessing relief during a disaster or public health emergency.
- The rescission of protections related to protected areas renders inaccessible, for immigrants and U.S. citizens, many of the social determinants of health places that are crucial to improving health equity. These include schools, childcare, transportation (e.g., bus stops), playgrounds, and places of worship.
- Reduced access to health and social services, such as vaccination and testing, increase risk of the spread of communicable disease and exacerbate health inequities.

- The fear created by these executive actions among immigrant communities reduces participation in public health programs, impacting the health of these individuals, potentially decreasing funding for these programs, and impeding the ability of these programs to provide services to anyone. ***For information on how health departments can encourage continued and safe access to services, see the answers to questions 1, 2, and 4 below*.**
- Targeting of sanctuary jurisdictions and NGOs unfairly undermines policies and resources that promote access to health-promoting services for all individuals including undocumented immigrants and their families.
- The increased focus on prosecution and detention, in contrast to supervised monitoring of individuals waiting to have their claims processed, subjects more individuals to the health-harming conditions of immigration detention facilities, such as lack of access to medical and mental health care, overcrowding, food insecurity, poor sanitation, and exposure to violence and other inhumane treatment.

(For more information, please see the Health Affairs article cited above, this article from the Kaiser Family Foundation, and NILC's Factsheet: Trump's Rescission of Protected Areas Policies Undermines Safety for All.)

FAQ for Health Departments and CBOs

1. What can I do if ICE shows up at a health department facility or clinic, and how can I help our staff be prepared?

While the new executive actions rescind the prior guidelines to protect sensitive locations—including healthcare facilities—from immigration enforcement, individuals still have basic constitutional protections in place, including **Fourth Amendment** safeguards from **unreasonable searches and seizures**, a **Fifth Amendment right to remain silent** when confronted by law enforcement, and some state and local laws and policies that limit cooperation with federal immigration enforcement. Staff at health department facilities and other formerly protected areas can prepare for potential ICE actions by:

- Being aware of their rights not to cooperate with ICE (*See* NILC and NELP's multi-lingual guide for employers);
- Helping individuals in the community know and understand their rights under the Constitution (*See* NILC's Know Your Rights guidance);
- Understanding NILC's Recommendations for hospitals and health care centers, including reviewing Health Care Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights and understanding the "**Recommendations for hospitals and health centers**" that are provided in its Factsheet: Trump's Rescission of Protected Areas Policies Undermines Safety for All:
    - **Minimizing disclosure of patient information**: "While immigration status or evidence of foreign birth are not, by themselves, considered personal health information (PHI) protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), health care providers have no affirmative legal obligation to inquire into or report to federal immigration authorities about a patient's immigration status." Please note: as explained in the Network for

Public Health Law issue brief, "Undocumented Immigrants and Patient Privacy Laws" an individual's immigration status, in combination with other data (such as their name or other identifying information and their status as a patient of the health care provider) may constitute PHI protected by HIPAA. The HIPAA Privacy Rule sets forth conditions that must be met to disclose an individual's PHI without that individual's authorization. Accordingly, HIPAA may provide additional protections against disclosure of immigration status, and HIPAA regulated entities should be familiar with their potential obligations to safeguard privacy under HIPAA in response to an ICE request.

- **Re-evaluating data collection policies**: "Avoid asking for patients' immigration status and, if you must collect such information for a purpose such as Medicaid enrollment, avoid including that information in the patient's medical and billing records."
- **Scrutinizing scope of warrants**: "In the healthcare context, special scrutiny should be given to the scope of the warrants to ensure that officials do not search other areas (for example, a warrant that covers an emergency room would not authorize ICE to enter other areas of a hospital)."
- **Educating and reassuring patients and clients:** "Healthcare facilities should endeavor to provide know your rights information such as posters, brochures, and KYR cards so that patients are aware of their rights and confidentiality laws."

2. Does ICE need a warrant to enter areas that were previously protected?

Yes, it does, but only for places that are considered "private," as the Fourth Amendment still protects where individuals have a "reasonable expectation of privacy." This includes interior examination or treatment rooms or other areas marked "private." For ICE to search or enter a private area, the Fourth Amendment requires they have a **valid judicial warrant signed by a federal judge**, unless staff have consented to the search. On the other hand, common areas open to the public such as lobbies, waiting areas, and parking lots are considered public, and no warrant is required for ICE to enter.

Keep in mind that **an administrative warrant issued by a federal agency such as DHS is not the same as a judicial warrant**, which is issued by a judicial court. Unlike a judicial warrant, an administrative warrant does not authorize a search, but it may, under certain circumstances, authorize a civil arrest or seizure. If an ICE officer attempts to conduct a search of a private area based solely on an administrative warrant, you are not required to allow the search.

For more information, *see* the "Will ICE still need a warrant to enter areas that were previously protected?" section of NILC's *Factsheet: Trump's Rescission of Protected Areas Policies Undermines Safety for All* as well as their comprehensive Warrants & Subpoenas: What to Look Out For and How to Respond, which provides useful information on distinguishing between judicial and administrative warrants and subpoenas.

3. The February DOJ Memorandum calls for enforcement of 8 U.S.C. § 1373 (Communication between government agencies and the Immigration and Naturalization Service). Does this statute require my health department to share information with ICE? If my health department is in a jurisdiction with sanctuary policies, are we violating this statute by complying with those policies?

8 U.S.C. § 1373 is a federal law that bars state and local governments from prohibiting their officials from sharing with immigration enforcement the citizenship or immigration status of an individual. While sanctuary laws vary in nature, they do not by definition violate this provision. For example, a sanctuary law may prohibit an agency from using agency resources to detain an individual for the purpose of immigration enforcement. Or it may prohibit an agency official from sharing information other than immigration status (such as addresses and local custody release dates). Because these laws do not restrict disclosure of an individual's immigration status to immigration enforcement, they are unlikely to violate 8 U.S.C. § 1373.

Indeed, the Ninth Circuit Court of Appeals, when considering challenges to sanctuary laws during the first Trump administration, rejected the DOJ's broad interpretations of 8 U.S.C. § 1373 and concluded that sanctuary laws that do not restrict disclosure of immigration status do not run afoul of the statute. Please note: numerous courts have separately concluded that 8 U.S.C. § 1373 is unconstitutional because it violates the Tenth Amendment's anti-commandeering doctrine, although the U.S. Supreme Court has not provided a definitive ruling on this issue. As the current administration continues to rely on 8 U.S.C. § 1373 to target sanctuary jurisdictions, the statute's scope and constitutionality are likely to be the subject of much litigation—the outcomes of which remain uncertain. For now, the important takeaway is that 8 U.S.C. § 1373 **does not itself *compel* agencies to take any action, including disclosing individual information.**

For further discussion of 8 U.S.C. § 1373 and relevant litigation, see the Immigrant Legal Resource Center and Washington Defender Association factsheet, "FAQ on 8 USC § 1373 and Federal Funding Threats to 'Sanctuary Cities'" and the Congressional Research Service report, "Immigration Enforcement & the Anti-Commandeering Doctrine: Recent Litigation on State Information-Sharing Restrictions."

4. State and local health departments rely heavily on federal funding to support health in their communities, including in administration of public benefits. What are the risks to federal funding created by the recent immigration-related executive actions? How, if at all, should they affect health department activities?

EO 14159 directs the Attorney General and the Secretary of Homeland Security to "evaluate and undertake any lawful actions to ensure that so-called 'sanctuary' jurisdictions, which seek to interfere with the lawful exercise of Federal law enforcement operations, do not receive access to Federal funds." The February DOJ memorandum states that "[s]anctuary jurisdictions should not receive access to federal grants administered by the Department of Justice." It "will require any jurisdiction that applies for certain Department grants to be compliant with 8 U.S.C. § 1373(a)." (*See above for a description of 8 U.S.C. § 1373*).

During his first term, President Trump issued an EO that similarly sought to limit federal funding to sanctuary jurisdictions. The Ninth Circuit Court of Appeals found that the EO violated the constitutional principle of separation of powers because it infringed on Congress's spending power by imposing federal funding limitations that were not tied to any legislative directive. The DOJ in 2017 likewise attempted to condition certain grant funding to states and localities on cooperation with ICE and certification of compliance with 8 U.S.C. § 1373. These conditions were challenged in lawsuits, with somewhat mixed results. Most courts found that the conditions were unlawful because they were not authorized by statute. The Second Circuit Court of Appeals, however, concluded that the funding conditions were permissible.

The current funding restrictions are already facing legal challenges, but the outcomes remain uncertain. While across-the-board funding restrictions are vulnerable to constitutional challenges, the validity of individual

federal programs' conditions on federal funds may depend on whether the program can demonstrate that the restrictions accord with statutory authority and congressional directives on spending. Even if restrictions on funding are ultimately found to be invalid in court, state and local agencies may face funding pauses while litigation plays out. Health departments, particularly those in jurisdictions with sanctuary policies, may prepare for the potential effects of funding cuts by consulting with legal counsel, monitoring communications with funding agencies, understanding the funding sources of various activities to better assess risks, and connecting with those who are similarly situated (*see below on connecting with others*).

Concerns about Public Benefits

State and local health departments may also have specific concerns about federal funding for public benefits that they administer. EO 14218: Ending Taxpayer Subsidization of Open Borders requires that federal agencies identify all federally funded programs they administer that currently permit undocumented people to obtain cash or non-cash public benefits and, consistent with applicable law, "align such programs with the purposes of this order and the requirements of applicable Federal law, including the [Personal Responsibility and Work Opportunity Reconciliation Act]." It additionally calls on federal agencies to enhance eligibility verification systems to exclude ineligible undocumented immigrants.

The NILC resource, "Five Things to Know About the Executive Order Targeting Immigrants and Federal Assistance Programs," provides a clear overview of this EO and its implications for public benefit programs. As explained in the resource, undocumented people are already excluded from most public benefits by federal statute. Thus, directing federal agencies to align their public benefit programs with federal statutory requirements is unlikely to change eligibility rules. As NILC states, the EO appears to primarily serve the purpose of intimidation, discouraging undocumented individuals and their families from applying for benefits for which they are eligible. As discussed in the Network for Public Health Law issue brief "The Public Charge Rule and Public Health " a similar chilling effect played out with DHS's 2020 public charge rule, which resulted in individuals foregoing needed health care, public health services, and support for which they were eligible. Although the rule was rescinded by the subsequent administration, these impacts were far-reaching and began even before the rule went into effect. Further, EO 14218's directive that agencies enhance eligibility verification systems may create unnecessary confusion and hurdles for eligible individuals who apply for benefits, thus further deepening health inequities by making these services less accessible.

Health departments and CBOs can take the following steps to promote access to public benefits and to protect the health of their communities:

- Emphasize to community members that **the executive orders have not changed eligibility for public benefits**;
- Encourage people to apply for benefits for which they are eligible;
- Explore ways to make applying more accessible for people who qualify but are afraid that adverse actions will be taken against them if they apply; and
- Document the harm caused by the chilling effect of these executive actions.

NILC has a host of additional resources on eligibility for public benefits, including multilingual know your rights materials.

5. CBOs working to support community health may also receive federal grants and contracts. What immigration-related actions is the Trump administration taking to target non-governmental organizations like CBOs? How, if at all, should they affect CBO activities?

EO 14159 directs the Attorney General and the Secretary of Homeland Security to review and, if appropriate, audit all contracts, grants, or other agreements providing federal funding to NGOs directly or indirectly supporting or providing services to undocumented immigrants "to ensure that such agreements conform to applicable law and are free of waste, fraud, and abuse, and that they do not promote or facilitate violations of our immigration laws." The EO further states that funding should be paused pending review, that agreements found to be in violation should be terminated, and that clawback and recoupment processes should be initiated as appropriate.

The February DOJ Memorandum similarly provides that parts of the DOJ (referred to as "components") that provide federal funding to NGOs should identify contracts, grants, and other agreements with NGOs that support or provide services to undocumented immigrants. DOJ components are further directed to pause distribution of funds for 60 days after complying with any notice and procedural requirements and to require NGOs that do provide such support or services to report whether disbursed funds:

(1) Were provided in accordance with applicable laws;
(2) Resulted in the provision of any funds or services to undocumented immigrants;
(3) Resulted in or were the subject of "waste, fraud, or abuse"; and
(4) Promoted or facilitated violations of federal immigration laws.

NGOs reporting such information will also be required to certify that they will not use any remaining funds to promote or facilitate the violation of federal immigration law. The memorandum provides that the DOJ will review these reports to determine whether agreements will be terminated. Finally, the memorandum states that the DOJ "shall not enter into any new contract, grant, or other agreement to provide Federal funding to non-governmental organizations that support or provide services, either directly or indirectly (*e.g.*, through sub-contracting or other arrangements)," to undocumented immigrants.

Thus far, the administration's actions to implement these directives have focused on legal organizations that receive federal funding to provide legal services to immigrants. In January, a DOJ component issued a stop work order, blocking funding to organizations operating programs to educate *pro se* noncitizens and to represent unaccompanied children in removal proceedings. A group of organizations operating those programs challenged the stop work order in court. The litigation is ongoing, but the stop work order has been at least temporarily rescinded. On February 18, another stop work order was issued, blocking funding under a contract for the provision of legal services to unaccompanied children. This order halted federal funding for legal nonprofits nationwide that provide legal representation to thousands of children. It was rescinded by the Trump Administration several days later without explanation.

While we are not aware of any executive actions blocking funding to NGOs per EO 14159 outside of nonprofits providing legal services to noncitizens pursuant to a federal funding contract, this is a rapidly evolving issue, and the administration's focus may shift to other kinds of organizations. Given that being the subject of "waste, fraud, or abuse" is a vague standard, the EO gives agencies significant leeway to terminate contracts with NGOs. Stop work orders and contract terminations that create separation of powers issues (e.g., by infringing

on Congress's spending power) may be invalidated in court, but CBOs subject to such actions may still face funding pauses while litigation proceeds. CBOs that receive federal funding should (with their legal counsel, if possible) monitor communications with their funding agencies to understand and assess the risk of funding pauses and to avoid unnecessarily expansive compliance, understand the nature and source of any legal/contractual obligations to perform their work, and consider connecting with similarly situated organizations (*see below on connecting with others*).

6. Are there resources for me to learn more about these topics?

The attack on immigrants, health equity, and public health from this administration through its executive and other actions is moving at breathtaking speed. We have tried to link to the most current and reliable information throughout this resource.

As mentioned above, a detailed overview of the Trump Administration's Day 1 Executive Orders and the harm caused to immigrant communities is available from NILC here. More broadly, NILC and Immigrant Legal Resource Center have comprehensive information on these and other topics.

Health Begins has also developed an extremely helpful resource, Immigration Enforcement in Healthcare Settings: How to Prepare and Respond, with background information, questions, answers and resources. Health Begins' Health Equity Policy Hub is another useful resource that offers updates and analysis on executive branch actions impacting health equity, as well as a mobilization network to connect individuals and groups looking to organize for change in their communities.

7. How can I connect with others engaging in this work?

Many health departments and CBOs want to engage with others during this tumultuous time. In addition to NILC, ILRC, and the Health Equity Policy Hub mobilization network mentioned above, please consider connecting to Human Impact Partners' Public Health Awakened, which is a national network of over 3,000 public health workers organizing for health, equity, and justice, and is in the process of updating their 2018 resource, Guide for Public Health Actions for Immigrant Rights.

At the Network for Public Health Law, we will continue to monitor these and other developments in collaboration with Act for Public Health. You can connect with us here.

February 2025

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SUPPORTERS

Support for the Network provided by the Robert Wood Johnson Foundation. The views expressed in this document do not necessarily reflect the views of the Foundation.