

May 2014



Public Health Preparedness

Examination of Legal Language Authorizing Responses to Incidents Involving Contamination with Radioactive Material



Public Health Law Program



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Public Health Preparedness: Examination of Legal Language Authorizing Responses to Incidents Involving Contamination with Radioactive Material

Disclaimer: Information contained in this document does not constitute legal advice and does not represent the legal views of the Centers for Disease Control and Prevention or the U.S. Department of Health and Human Services. Use of any provision herein should be considered only in conjunction with advice from legal counsel. Provisions may need to be modified, supplemented, or replaced to ensure appropriate citation to, or compliance with, relevant laws or to otherwise address the needs or requirements of a specific jurisdiction.

Acknowledgments

The Radiation Legal Preparedness (RLP) project was researched and prepared by Centers for Disease Control and Prevention (CDC) staff Jennifer Buzzell, MS, Gabriella Klaes, JD, (ORISE Fellow), and Matthew S. Penn, JD, MLIS.

CDC would like to thank the National Association of County and City Health Officials (NACCHO) for their contributions to this guidance document. NACCHO was instrumental in providing subject matter expertise, establishing a working group of experts, assisting with the legal research, coordinating logistics and providing overall project management through CDC Cooperative Agreement #5U38HM000449-05. Specifically, we would like to recognize the following NACCHO project staff for their dedication, leadership and contributions to this document: Andrew R. Roszak, JD, MPA, Senior Director, Environmental Health, Pandemic Preparedness and Catastrophic Response, Sara Rubin, MPH, MA, Senior Program Analyst, Pandemic Preparedness and Catastrophic Response, Lisa Brown, MPH, Program Analyst, Pandemic Preparedness and Catastrophic Response.

Funding

The RLP Project was made possible by CDC's Radiation Studies Branch, National Center for Environmental Health, through their continued support in emergency preparedness planning. RLP project leaders would also like to thank the individuals from the Radiation Studies Branch who significantly contributed in the development and review of the document.

Table of Contents

Executive Summary.....	4
<i>Background</i>	4
<i>Legal Research Process and Findings</i>	5
Radiation Legal Preparedness (RLP) Project	7
<i>Introduction</i>	7
<i>Background</i>	7
<i>Methods</i>	8
<i>Research Findings</i>	9
Legal landscape	9
Figure 1: Legal Language Authorizing Responses to Radiological Incidents.....	9
Table 1: Legal Language Categories	12
Figure 2: Jurisdiction Category Representation.....	12
<i>General Findings</i>	14
Application	16
<i>Legal Guided Questions</i>	17
<i>Legal Discussion Questions</i>	19
<i>Preparedness Application Questions</i>	19
Summary	20
Contributors and Reviewers	22
APPENDIX A: Glossary	28
APPENDIX B: Jurisdiction Legal Language Category.....	33

Public Health Preparedness: Examination of Legal Language Authorizing Responses to Incidents Involving Contamination with Radioactive Material

Executive Summary

Background

Over the past several decades, state and local health departments throughout the United States have developed plans and procedures to better respond to and recover from releases of radioactive material. The legal patchwork of statutes and regulations that support public health response and recovery strategies and procedures in such incidents has, however, been largely unexamined.

In 2012, the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO) developed the radiation legal preparedness (RLP) project to examine state and local legal authorities related

to the response to and recovery from incidents in which members of the public become contaminated or potentially contaminated with radioactive material.

Legal Research Process and Findings

The RLP project focused on identifying answers to two overarching legal questions:

1. Do states and select jurisdictions possess the authority to decontaminate persons contaminated with radioactive material?
2. Do states and select jurisdictions have the authority to restrict the movement of persons contaminated with radioactive material?

To answer these questions, CDC conducted a legal assessment of all fifty states, New York City, Los Angeles, and Washington, D.C.

Analysis of the survey results yielded three key findings:

1. The language of radiation-related legal authorities varied substantially. The RLP categorized legal authority as follows:
 - a. Express radiological language
 - i. These laws contain language that grants jurisdictions the authority to decontaminate or restrict the movement of persons contaminated or potentially contaminated with radioactive material. Radioactive material is expressly mentioned in these laws, although language about other potentially hazardous materials may also be included.
 - b. Broad language
 - i. These laws include language that grants jurisdictions broad authority to decontaminate or restrict the movement of contaminated or potentially contaminated persons, regardless of the type of contamination (radioactive, chemical, or biological).
 - c. Narrow language

- i. These laws contain language that grants jurisdictions the authority to decontaminate or restrict the movement of persons contaminated or potentially contaminated with radioactive material on the narrow basis of a particular condition or type of incident, such as a terrorist attack involving radioactive material.
 - d. Language limited to biologics
 - i. These laws contain language that grants jurisdictions the authority to disinfect or restrict the movement of persons infected with biologics, specifically. These laws apply only to communicable or infectious diseases.
- 2. Many states and local jurisdictions rely upon isolation and quarantine laws to provide the authority necessary to decontaminate and restrict the movement of individuals. Because these provisions are historically embedded with infectious and contagious disease control language, they may not be well suited to incidents involving contamination with radioactive material.

A jurisdiction might have expanded authority to decontaminate or restrict the movement of individuals and/or change the type of authority granted, depending on whether or not a state or local jurisdiction declares an emergency or public health emergency.

Radiation Legal Preparedness (RLP) Project

Introduction

The RLP project had two purposes: 1) to identify and categorize the current landscape of laws that may be available to decontaminate and restrict the movement of individuals contaminated or potentially contaminated with radioactive materials; and 2) to help foster and guide conversations among stakeholders on legal issues to strengthen plans to prepare for and respond to incidents involving the release of radioactive materials.

Background

Heeding guidance promulgated by the Department of Homeland Security (DHS) National Planning Scenarios and lessons learned from national and international radiological and nuclear incidents, jurisdictions nationwide are strengthening emergency preparedness plans. While plans are important, the necessary laws that establish the foundation for many radiological public health response activities have not been comprehensively assessed. Further, the laws that would underpin such an effort vary considerably across jurisdictions. Recently, CDC identified the need to examine current legal authorities within the United States that provide jurisdictions with the legal authority to decontaminate and restrict the movement of individuals who pose a potential public health threat as a result of being contaminated or potentially contaminated with radioactive material.

To better characterize the laws that pertain to the decontamination and restriction of movement of individuals contaminated or potentially contaminated with radioactive material, CDC and NACCHO partnered in 2012 to examine state and select local legal authorities. To account for the multiple disciplines that would be involved in the response to a radiation incident (emergency management staff, first responders, public health officials, radiation subject matter experts, law enforcement personnel, and other professionals), the RLP project convened working groups populated with representatives from each of these specialty areas. Work group members were

provided hypothetical scenarios and tasked with identifying gaps and barriers when applying different legal authorities.

Methods

Using Westlaw Next,¹ CDC identified and categorized current legal language that provides jurisdictions with the authority to decontaminate or restrict the movement of individuals contaminated or potentially contaminated with radioactive material. Legal language from all fifty states, New York City, Los Angeles, and Washington, D.C., was considered.² Authority to decontaminate and/or restrict movement of individuals in both non-emergency settings and during declared emergencies or public health emergencies was included in the review. The intent of this research was to create a comprehensive guidance document. The RLP project was informed by two categories of law: statutes and regulations.³

The assessment consisted of two questions:

1. Does the state or local jurisdiction have laws providing the authority to restrict the movement of individuals who have been contaminated or potentially contaminated with radioactive materials?
2. Does the state or local jurisdiction have laws providing the authority to decontaminate individuals who have been contaminated or potentially contaminated with radioactive materials?

¹ Westlaw Next, Thomson Reuters, 610 Opperman Drive Eagan, MN 55123

² The federal government has limited power to act based on what is expressly granted in the Constitution, with the 10th Amendment giving all remaining powers to the states. Because public health is not explicitly mentioned in the Constitution, states have the plenary power to protect the health, safety, morals, and general welfare of their citizens, known as the “police powers.”

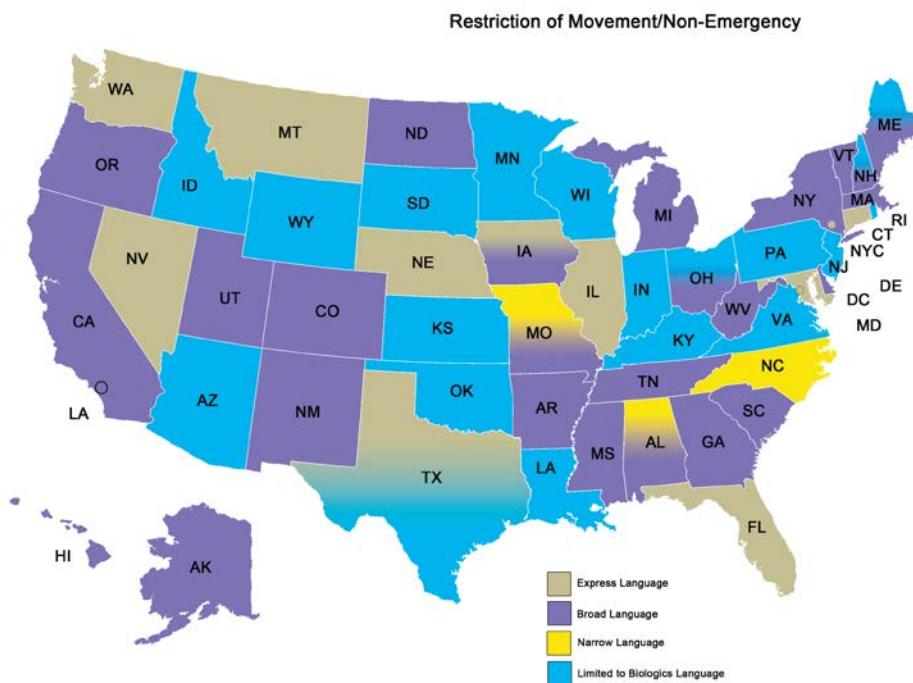
³ The RLP project is limited to public health laws and does not apply to other authorities governing emergency response conducted by relevant public safety or law enforcement personnel, such as evacuation, curfews, and investigative activities (including crime scene controls).

Research Findings

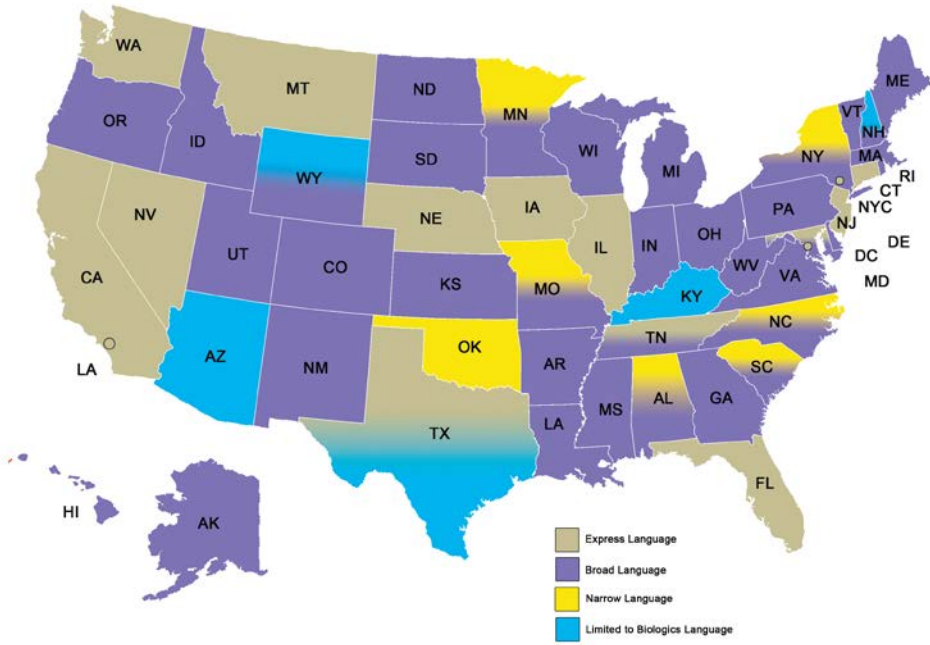
Legal landscape

The language within the laws granting jurisdictions the authority to decontaminate or restrict the movement of individuals contaminated or potentially contaminated with radioactive material is represented by the four legal landscape maps below. A description of the categories displayed on the map legend is provided. A complete list of the jurisdictions and their category placement appears in Appendix B.

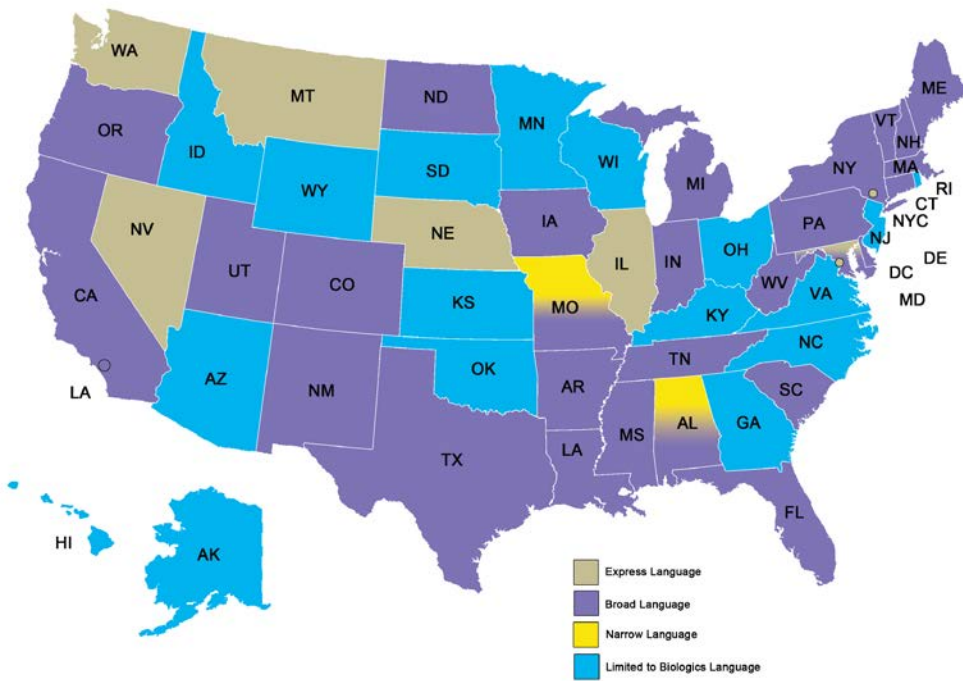
Figure 1: Legal Language Authorizing Responses to Radiological Incidents, by State and Select Cities



Restriction of Movement/Emergency



Involuntary Decontaminate Non-Emergency



Involuntary Decontaminate Emergency

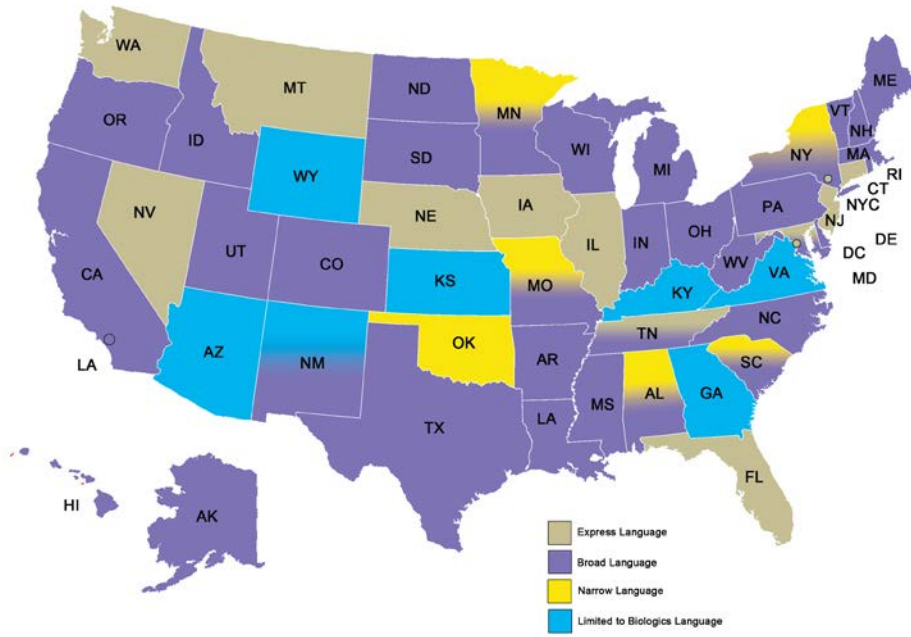
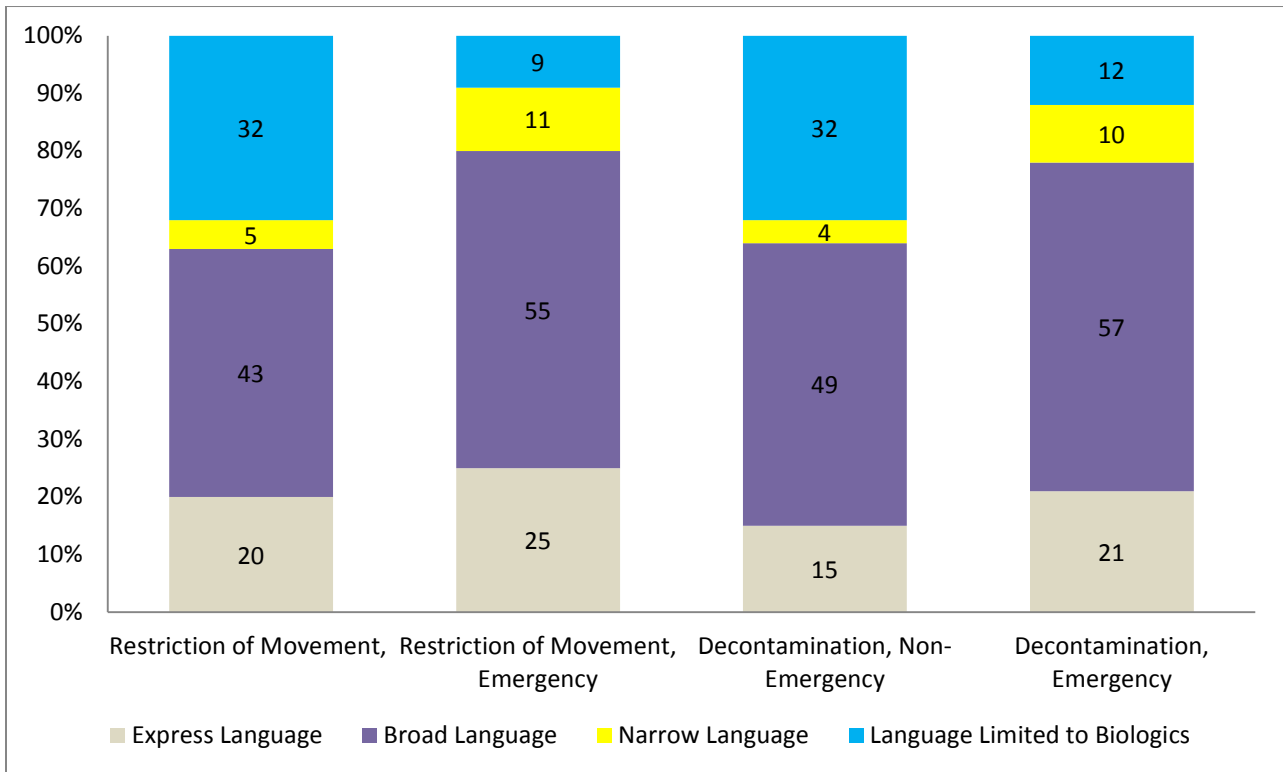


Table 1: Legal Language Categories

State/Local Category	Description of Category
Express Language (Beige)	<p>Language grants jurisdictions the authority to decontaminate or restrict the movement of persons contaminated or potentially contaminated with radioactive material. The provisions include terms such as "radiation" or "radiological agents." Note that contamination with other potentially hazardous (non-radioactive) materials may be mentioned.</p> <p><u>Example</u> "The local health officer may issue, and first responders may execute, an order authorizing first responders to immediately isolate exposed individuals that may have been exposed to biological, chemical, toxic, or radiological agents that may spread to others."ⁱ</p>
Broad Language (Purple)	<p>Language broadly grants jurisdictions the authority to decontaminate or restrict the movement of any contaminated or potentially contaminated person, regardless of the type of contamination (radioactive, chemical, or biological). The provisions include language such as "threat to public health" or "hazards to health."</p> <p><u>Example</u> "The department may quarantine or isolate individuals who have been exposed to hazardous materials that can cause serious illness or injury by transmission of the hazardous material to others."ⁱⁱ</p>

<p>Narrow Language (Yellow)</p>	<p>Language grants jurisdictions the authority to decontaminate or restrict the movement of persons contaminated or potentially contaminated with radioactive material on the narrow basis of a particular condition or type of radiological release. The provisions may include language referring only to terrorist attacks or incidents involving nuclear agents.</p> <p><u>Example</u> "If the State Health Director reasonably suspects that a public health threat may exist and that the threat may have been caused by a terrorist incident using nuclear, biological, or chemical agents, the State Health Director is authorized to order any of the following: Limit the freedom of movement or action of a person or animal that is contaminated with, or reasonably suspected of being contaminated with, a biological, chemical or nuclear agent that may be conveyed to other persons or animals. . . ."iii</p>
<p>Language Limited to Biologics (Blue)</p>	<p>Language grants jurisdictions the authority to disinfect or restrict the movement of persons infected with biologics, specifically. These laws apply to communicable or infectious diseases.</p> <p><u>Example</u> "A health officer or the Department, upon receiving a report of a communicable disease, shall, by written order, establish such isolation or quarantine measures as medically and epidemiologically necessary to prevent or control the spread of the disease."iv</p>

Figure 2: Jurisdiction Category Representation⁴



General Findings

The assessment identified three general findings:

1. The language of radiation-related authorities varied substantially across jurisdictions.
 - The legal language categories, as listed from most to least applicable to radiological material, include express language addressing contamination with radioactive material, broad language, narrow language, and language limited to infection with biological agents.

⁴Jurisdictions with language in more than one category are represented in each category and attribute to the total percentage in each legal language category.

- For example, in jurisdictions needing to decontaminate individuals contaminated or potentially contaminated with radioactive material, and in the absence of an emergency declaration, 15% have express language, 49% use broad provisions, and 4% have a narrow application of radiation. Currently, 32% of jurisdictions surveyed have language limiting authority to biologics only. Language differences may impact the legal and tactical approaches adjacent jurisdictions use when responding to incidents involving contamination with radioactive material.
2. Many jurisdictions have language rooted in traditional isolation and quarantine laws, which may limit the authority to decontaminate and restrict the movement of individuals to communicable diseases.⁵ *Quarantine* and *isolation* are defined as follows:
- Quarantine:** the compulsory separation, including restriction of movement, of populations or groups of healthy people who have been potentially exposed to a contagious disease, or to efforts to segregate these persons within specified geographic areas.^v
- Isolation:** the separation and confinement of individuals known or suspected (via signs, symptoms, or laboratory criteria) to be infected with a contagious disease to prevent them from transmitting disease to others.^{vi}
- These laws are intended to fight the spread of infectious and contagious diseases and may not be applicable to contamination with radioactive material.
 - Passing radioactive material from one individual to another (so called "secondary contamination") is not exactly analogous to transmitting a communicable disease. If a particular jurisdiction relies solely on communicable disease language to curtail the potential spread of

⁵ Percentage of jurisdictions limited to biologics: Non-emergency restriction of movement 32%; Emergency restriction of movement 9%; Non-emergency decontamination 32%; Emergency decontamination 12%.

radioactive material from one individual to another, this implementation may not survive judicial review.

3. In some jurisdictions, an emergency declaration or public health emergency declaration related to incidents involving radioactive material might trigger other laws that expand or clarify the authority to involuntarily decontaminate or restrict the movement of individuals.
 - During a declared emergency or public health emergency related to incidents involving releases of radioactive material:
 - Restriction of movement of individuals: 42% of jurisdictions increase authority and move to a more expansive language category.⁶
 - Decontamination of individuals: 32% of jurisdictions increase authority and move to a more expansive language category.⁷
 - In some states, laws provide designated officials with the authority to restrict the movement of individuals during an emergency.
 - Currently, fifteen states expand the authority of the governor during a declared emergency.^{vii} Such authority might contain language to control ingress to and egress from a disaster area and movement and occupancy of persons within the area.

Application

The RLP project findings suggest that jurisdictions may wish to review laws relating to the decontamination and restriction of movement of individuals following incidents involving releases of radioactive material. The following questions can be used to examine the legal authorities that may be available.

⁶ Appendix B.

⁷ *Id.*

Legal Guided Questions

<i>Who has the authority to decontaminate or restrict the movement of individuals during incidents involving contamination with radioactive material?</i>	The laws that grant authority to decontaminate or restrict the movement of individuals might determine which officials have the power to act. Depending on the facts of the incident and whether or not an emergency or a public health emergency has been declared, different provisions of the law could come into play, potentially changing which officials are granted the power to act.
<i>Where is the law located in the code?</i>	Provisions granting the authority to decontaminate or restrict the movement of individuals contaminated or potentially contaminated with radioactive material might be found in a jurisdiction's public health laws, quarantine or isolation laws, emergency laws, or a combination thereof. The location of the granting provisions within the code might affect the scope of the laws and their applicability to a particular radiological incident.
<i>Does the law expressly mention radiation?</i>	Jurisdictions may want to assess provisions for the inclusion of such terms as "radiation," "radiological," "radioactive," and "nuclear" (see Glossary for definitions of these terms) to determine whether the provisions grant express authority. Assessments should consider whether laws have language limited to specific nuclear agents or terrorist activities. Such limiting language might exclude other potential public health threats posed by exposure to or contamination with radioactive material. The exact terminology could affect the scope

	of authority granted by the provisions.
<i>Does the law limit authority to biologics?</i>	Laws that grant authority to disinfect or restrict the movement of people might have language that is limited to biologics, such as "communicable diseases," "infectious diseases or agents," or "contagious diseases." Legal provisions limited to biological agents might not apply to incidents involving contamination with radioactive materials.
<i>Would a declared emergency trigger expanded or specific authorities to decontaminate or restrict the movement of individuals?</i>	When reviewing legal authority, jurisdictions are encouraged to assess their non-emergency laws as well as specific emergency or public health emergency laws. Laws that authorize emergency declarations might expand the authority of government officials to act during an incident. These laws vary from state to state and can affect the authority to decontaminate or restrict the movement of individuals contaminated or potentially contaminated with radioactive material.
<i>Do the laws require obtaining an order from a health commissioner, public safety official, or judge?</i>	Some laws include legal procedures that agencies are required to follow when responding to incidents. For example, some laws require state and local health departments or other designated officials to obtain an order from a judge to decontaminate or restrict the movement of individuals. Such procedural requirements affect how the authority to decontaminate or restrict the movement of individuals is implemented.

Legal Discussion Questions

The potential for radioactive materials to be released into the environment—whether intentional or inadvertent—emphasizes the need for state, tribal, local, and territorial health agencies to develop cross-sector emergency preparedness policies and procedures. By determining in advance the authority that exists to support response and recovery efforts, public health, public safety, and other response communities can better customize the plans to their jurisdiction. RLP work group members provided the following discussion points in order to guide a conversation between stakeholders.

<i>Preparedness Application Questions</i>	
<i>What types of relationships among public health and legal officials currently exist in your areas?</i>	Having a viable response plan prior to a release of radioactive material into the environment is critical. Health departments might want to consult with attorneys and subject matter experts to create a preparedness plan that effectively uses their legal authority. Further, access to legal counsel in some jurisdictions might be limited, emphasizing the need to consult with legal counsel before an incident.
<i>Are attorneys and judges adequately prepared to assist during a response to an incident involving the release of radioactive material?</i>	Much like the public at large, many attorneys and judges have an incomplete understanding of the implications of incidents involving contamination with radioactive material. Constraining persons against their will or providing involuntary decontamination could violate their civil liberties. In many jurisdictions, the burden of presenting compelling evidence rests with the public health entity. The legal language may require that the local and state public health entity provide evidence to demonstrate a level of radioactive contamination sufficiently high that it represents a

	<p>public health threat. During an incident involving contamination with radioactive material, the designated official must understand enough of the science and the law to properly convey the severity of the situation to a judge. In turn, the judge must also be appropriately knowledgeable about the science underpinning the legal argument.</p>
<p><i>Is the authority afforded to your neighboring jurisdiction similar to that of your own jurisdiction?</i></p>	<p>A release of radioactive material might prompt contaminated persons to leave the scene rapidly, well before the area is officially contained with boundaries. Due to the variety of laws between jurisdictions and the authorities granted to them, the response stakeholders must understand the laws of neighboring jurisdictions. For example, if an incident were to occur in a state that expressly allowed for the involuntary decontamination of a person contaminated or potentially contaminated with radioactive material, and individuals affected by the incident were to cross jurisdictional lines into another state that limited this authority to communicable diseases only, then health departments or officials could be liable if they attempted to decontaminate those individuals after they crossed the border.</p>

Summary

In preparing for potential incidents involving contamination with radioactive material, jurisdictions may decide to analyze their laws regarding the decontamination and restriction of movement of affected individuals. The RLP project found three general themes of the current legal landscape:

- The language of the laws varies substantially throughout the United States. To best prepare for an incident involving contamination with radioactive material, jurisdictions may want to address their laws to determine whether the language authorizing their ability to decontaminate or restrict the movement of individuals is express, broad, narrowly defined, or limited to biologics.
- The language in some laws is limited to biologics, in which case using communicable disease or traditional quarantine and isolation language may not be applicable to situations involving contamination with radioactive material.
- Jurisdictions might want to discuss and prepare for the impact that a declaration of emergency or public health emergency has on their authority. Such declarations might expand the authority granted to designated officials.

In conclusion, a response to an incident involving contamination with radioactive material is a multidisciplinary effort involving law enforcement personnel, local health department representatives, radiation subject matter experts, legal representatives, and other stakeholders. State and local jurisdictions might want to have a comprehensive conversation about their legal authorities with stakeholders before a radiation incident occurs to help ensure a successful response.

Contributors and Reviewers

The Radiation Legal Preparedness (RLP) project was researched and prepared for the CDC's Radiation Studies Branch and Public Health Law Program by Jennifer Buzzell, Gabriella Klaes, Matthew Penn, and for NACCHO by Andrew Roszak.

The RLP project is a testament to this spirit of collaboration. Project leaders coordinated two webinars and met with representatives from a variety of disciplines including radiation subject matter experts, law enforcement, public health officials, and attorneys at a roundtable workshop.

The response to a radiological incident is a multidisciplinary effort and all parties involved will have a unique role to play. CDC and NACCHO gratefully acknowledge the following individuals for their time, expertise, and insight during the development and review of this document.

David Allard

Director
Pennsylvania Bureau of Radiation
Protection

Bernard Bogdan

Program Manager
Federal Bureau of Investigation

Pam Anderson

Senior Counsel
Washington State Attorney General's
Office

Erin Bradley

Law Student
Southern Illinois University

W. Eugene Basanta

Professor
Southern Illinois University School of Law

Cullen Case Jr.

Program Manager
Radiation Injury Network
Emergency Preparedness, National
Marrow Donor

Clive Brown

Associate Director for Science
Division of Global Migration and
Quarantine
Centers for Disease Control and
Prevention

Arthur Chang

Medical Toxicologist
Health Studies Branch
Centers for Disease Control and
Prevention

Jennifer Buzzell

Health Physicist & Project Manager
Centers for Disease Control and
Prevention

Jim Craig

Health Protection Director
Mississippi State Department of Health

Michelle Calio

Deputy Team Lead
Quarantine and Border Health Services
Branch
Centers for Disease Control and
Prevention

John Dixon

Physical Scientist
Radiation Studies Branch
Centers for Disease Control and
Prevention

Peggy Campbell

Attorney
Emergency Preparedness Office &
Radiological Health Branch
California Department of Public Health

John Erickson

Director
Public Health Emergency Preparedness
and Response Program
Washington State Department of Health

D. Lynn Evans

CAPT
United States Public Health Service

Thomas George

Officer in Charge
Houston/Dallas Quarantine Stations
Division of Global Migration and
Quarantine
Centers for Disease Control and
Prevention

Jason Fick

Supervisory Special Agent
Federal Bureau of Investigation
Headquarters

Onalee Grady-Erickson

Preparedness Coordinator
Quarantine and Border Health Services
Branch
Centers for Disease Control and
Prevention

Kimberly France

Law Student
Southern Illinois University School of Law

Elizabeth Harton

Officer in Charge
Detroit Quarantine Stations
Division of Global Migration and
Quarantine
Centers for Disease Control and
Prevention

Natasha Friday

Lead Public Health Analyst
Radiation Studies Branch
Centers for Disease Control and
Prevention

Christopher Hurst

Policy Analyst
Division of Global Migration and
Quarantine
Centers for Disease Control and
Prevention

William Irwin

Chief
Radiological and Toxicological Sciences
Vermont Department of Health

Gabriella Klaes

Legal Fellow
Oak Ridge Institute for Science and
Education
Centers for Disease Control and
Prevention

Betsy Kagey

Academic and Special Projects Liaison
Emergency Preparedness and Response
Office of Health Protection, Georgia
Department of Health

Darrell Klein

Public Health Attorney
Nebraska Department of Health and
Human Services

Andrew Karam

Chemical, Biological, Radiological,
Nuclear and Explosives Science Advisor
New York Police Department
Counterterrorism Division

Tom Langer

Director
Bureau of Environmental Health
Kansas Department of Health and
Environment

Adnan Khayyat

Chief
Bureau of Radiation Safety
Illinois Emergency Management Agency

David McAdam

Division of Global Migration and
Quarantine
Centers for Disease Control and
Prevention

Ziad Kazzi

Medical Toxicologist
Radiation Studies Branch
Centers for Disease Control and
Prevention

Tom Merrill

General Counsel
New York City Department of Health and
Mental Hygiene

Charles Miller

Chief
Radiation Studies Branch
Centers for Disease Control and
Prevention

James Misrahi

Senior Attorney
Office of the General Counsel
Centers for Disease Control and
Prevention

Ryan Morhard

Associate
University of Pittsburgh Medical Center
for Health Security

Tricia Owsley

Law Student
Southern Illinois University School of Law

James Peaco

Weapons of Mass Destruction
Coordinator
Federal Bureau of Investigation, Los
Angeles

Matthew Penn

Director
Public Health Law Program
Centers for Disease Control and
Prevention

Katrina Pollard

Health Communications Specialist
Radiation Studies Branch
Centers for Disease Control and
Prevention

Travis Pour

Law Student
Southern Illinois University School of Law

Mahjabeen Qadir

Senior Legal Counsel
Ohio Department of Health

Montrece McNeill Ransom

Senior Public Health Analyst
Public Health Law Program
Centers for Disease Control and
Prevention

Homer Rice

Administrator
Leon County Health Department
Tallahassee, Florida

Erik Shoberg

Assistant Director
Border Security
Houston, Texas Field Office
U.S. Customs and Border Protection

Andrew Roszak

Director
Pandemic and Catastrophic Preparedness
National Association of County and City
Health Officials

James Smith

Senior Consultant, Scimetrika, LLC
Radiation Studies Branch
Centers for Disease Control and
Prevention

Sara Rubin

Senior Program Analyst
Pandemic & Catastrophic Preparedness
National Association of County and City
Health Officials

Lee Smith

Team Lead
Quarantine and Border Health Services
Branch
Centers for Disease Control and
Prevention

Todd Savage

Management and Program Analyst
Federal Bureau of Investigation

Martha Stanbury

Section Manager
Division of Environmental Health
Michigan Department of Community
Health

Susan Sherman

Attorney
Office of General Counsel
U.S. Department of Health and Human
Services

Curtis Sullivan

Assistant Counsel
Pennsylvania Department of
Environmental Protection

APPENDIX A: Glossary

Broad Language

Language that grants a jurisdiction the authority to decontaminate or restrict the movement of persons but that is neither expressly linked to radiological agents nor limited to biologics. The provisions include language such as “threat to public health” or “hazards to health.”

Centers for Disease Control and Prevention (CDC)

CDC works to protect America from health, safety and security threats, both foreign and in the US. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

As the nation’s health protection agency, CDC saves lives and protects people from health threats. To accomplish their mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats, and responds when these arise.

Communicable Disease

A disease that is transmitted through direct contact with an infected individual or indirectly through a vector. Also referred to as a contagious disease. *See* **Vector**.

Consent

Agreement, approval, or permission as to some act or purpose, especially given voluntarily by a competent person; legally effective consent. *See* **Implied Consent**.

Constitution (10th Amendment)

“The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.”

Discretionary Authority

A public official's power or right to act in certain circumstances according to personal judgment and conscience.

Discretionary

An act or duty involving an exercise of judgment and choice, not an implementation of a hard-and-fast rule.

Decontamination (Radiation)

The reduction or removal of radioactive contamination from a structure, object, or person.

Emergency Declaration

Declaration by a government jurisdiction that suspends select functions of the executive, legislative and judicial powers; alerts citizens to change their normal behaviors; and/or orders government agencies to implement emergency preparedness plans.

Express Language

Language that grants a jurisdiction the authority to decontaminate or restrict the movement of persons with radiological contamination. The provisions include terms such as "radiation" or "radiological agents."

Judicial Order

An official command by a judge that defines the legal relationships between the parties to a hearing, a trial, an appeal, or other court proceedings. Such ruling requires or authorizes the carrying out of certain steps by one or more parties to a case. A court order must be signed by a judge; some jurisdictions may require it to be notarized.

Implied Consent

Consent inferred from one's conduct rather than from one's direct expression. *See Consent.*

Infectious Disease

A clinically evident illness resulting from the infection, presence, and growth of a pathogenic biological agent in an individual host organism.

Ionizing Radiation

Any radiation capable of displacing electrons from atoms, thereby producing ions. High doses of ionizing radiation can cause severe tissue damage, and low doses can increase risks for cancer and for birth defects for an embryo or fetus.

Isolation

The physical separation to allow for possible medical care of persons who are infected or are reasonably believed to be infected with a threatening communicable disease or potential threatening communicable disease from non-isolated persons, and to protect against transmission of the threatening communicable disease to non-isolated persons.

Language Limited to Biologics

Language that grants a jurisdiction the authority to disinfect or restrict the movement of persons that is limited to biologics through the use of terms pertaining only to communicable and infectious diseases.

Legal Authority

A source, such as a statute, case, or treatise, cited in support of a legal argument. Legal authority is a right coupled with the power to act or order others to act determined by government bodies.

National Association of County and City Health Officials (NACCHO)

A nonprofit organization representing the 2,800 local health departments in the United States.

Narrow Language

Language that grants a jurisdiction the authority to decontaminate or restrict the movement of persons based on a particular condition or type of radiological release. The provisions include language referring only to terrorist attacks or incidents involving nuclear agents.

Non-Ionizing Radiation

Radiation that has lower energy levels and longer wavelengths than ionizing radiation. Non-ionizing radiation is not strong enough to affect the structure of atoms it contacts, but it is strong enough to heat tissue and can cause harmful biological effects. Examples include radio waves, microwaves, visible light, and infrared from a heat lamp.

Nuclear

Relating to or using energy released in nuclear fission or fusion.

Quarantine

The isolation of a person or animal exposed to but not yet afflicted with a communicable disease, or the prevention of such a person or animal from coming into a particular area, to prevent the spread of disease.

Radiation

Energy moving in the form of particles or electromagnetic waves. Familiar radiations are heat, light, radio waves, and microwaves. *See* **Ionizing Radiation** and **Non-Ionizing Radiation**.

Regulation

The act or process of controlling by rule or restriction or by law. A rule or order having legal force issued by an administrative agency.

Restrict the Movement of Individual(s)

The involuntary detention of an individual or the control of ingress and/or egress.

Statute

A law passed by a legislative body.

Vector

An organism (e.g., an insect) that transmits a pathogen.

WestLaw Next

Online legal research service for legal and law related materials and services.

APPENDIX B: Jurisdiction Legal Language Category

State	Restriction of Movement— Non-Emergency	Restriction of Movement Emergency	Involuntary Decontaminate Non-Emergency	Involuntary Decontaminate Emergency
Alabama	Narrow Language/Broad Language ^{viii}	Narrow Language/Broad Language ^{ix}	Narrow Language/Broad Language ^x	Narrow Language/Broad Language ^{xi}
Alaska	Broad Language ^{xii}	Broad Language ^{xiii}	Language Limited to Biologics ^{xiv}	Broad Language ^{xv}
Arizona	Language Limited to Biologics ^{xvi}	Language Limited to Biologics ^{xvii}	Language Limited to Biologics ^{xviii}	Language Limited to Biologics ^{xix}
Arkansas	Broad Language ^{xx}	Broad Language ^{xxi}	Broad Language ^{xxii}	Broad Language ^{xxiii}
California	Broad Language ^{xxiv}	Express Language ^{xxv}	Broad Language ^{xxvi}	Broad Language ^{xxvii}
California, Los Angeles	Broad Language ^{xxviii}	Express Language ^{xxix}	Broad Language ^{xxx}	Broad Language ^{xxxi}
Colorado	Broad Language ^{xxxii}	Broad Language ^{xxxiii}	Broad Language ^{xxxiv}	Broad Language ^{xxxv}
Connecticut	Express Language ^{xxxvi}	Express Language ^{xxxvii}	Broad Language ^{xxxviii}	Express Language ^{xxxix}
Delaware	Broad Language ^{xl}	Broad Language ^{xli}	Broad Language ^{xlii}	Broad Language ^{xliii}
Florida	Express Language ^{xliv}	Express Language ^{xlv}	Broad Language ^{xlvi}	Express Language ^{xlvii}
Georgia	Broad Language ^{xlviii}	Broad Language ^{xlix}	Language Limited to Biologics ^l	Language Limited to Biologics ^{li}
Hawaii	Broad Language ^{lii}	Broad Language ^{liii}	Language Limited to Biologics ^{liv}	Broad Language ^{lv}

Idaho	Language Limited to Biologics ^{lvi}	Broad Language ^{lvii}	Language Limited to Biologics ^{lviii}	Broad Language ^{lix}
Illinois	Express Language ^{lx}	Express Language ^{lxi}	Express Language ^{lxii}	Express Language ^{lxiii}
Indiana	Language Limited to Biologics ^{lxiv}	Broad Language ^{lxv}	Broad Language ^{lxvi}	Broad Language ^{lxvii}
Iowa	Broad Language/Express Area Quarantine Language ^{lxviii}	Express Language ^{lxix}	Broad Language ^{lxx}	Express Language ^{lxxi}
Kansas	Language Limited to Biologics ^{lxxii}	Broad Language ^{lxxiii}	Language Limited to Biologics ^{lxxiv}	Language Limited to Biologics ^{lxxv}
Kentucky	Language Limited to Biologics ^{lxxvi}	Language Limited to Biologics ^{lxxvii}	Language Limited to Biologics ^{lxxviii}	Language Limited to Biologics ^{lxxix}
Louisiana	Language Limited to Biologics ^{lxxx}	Broad Language ^{lxxxi}	Broad Language ^{lxxxii}	Broad Language ^{lxxxiii}
Maine	Language Limited to Biologics/ Broad Language ^{lxxxiv}	Broad Language ^{lxxxv}	Broad Language ^{lxxxvi}	Broad Language ^{lxxxvii}
Maryland	Express Language ^{lxxxviii}	Express Language/ Broad Language ^{lxxxix}	Express Language/ Broad Language ^{xc}	Express Language/ Broad Language ^{xc i}
Massachusetts	Broad Language ^{xcii}	Broad Language ^{xciii}	Broad Language ^{xciv}	Broad Language ^{xcv}
Michigan	Broad Language ^{xcvi}	Broad Language ^{xcvii}	Broad Language ^{xcviii}	Broad Language ^{xcix}
Minnesota	Language Limited to Biologics ^c	Broad/Narrow Language ^{ci}	Language Limited to Biologics ^{cii}	Broad/Narrow Language ^{ciii}

Mississippi	Broad Language ^{civ}	Broad Language ^{cv}	Broad Language ^{cv}	Broad Language ^{cvi}
Missouri	Narrow Language/ Broad Language ^{cviii}	Narrow Language/ Broad Language ^{cix}	Narrow Language/ Broad Language ^{cx}	Narrow Language/Broad Language ^{cx}
Montana	Express Language ^{cxii}	Express Language ^{cxiii}	Express Language ^{cxiv}	Express Language ^{cxv}
Nebraska	Express Language ^{cxvi}	Express Language ^{cxvii}	Express Language ^{cxviii}	Express Language ^{cxix}
Nevada	Express Language ^{cxx}	Express Language ^{cxxi}	Express Language ^{cxix}	Express Language ^{cxix}
New Hampshire	Broad Language/ Language Limited to Biologics ^{cxix}	Broad Language/ Language Limited to Biologics ^{cxix}	Broad Language ^{cxix}	Broad Language ^{cxix}
New Jersey	Language Limited to Biologics ^{cxix}	Express Language ^{cxix}	n/a; Language Limited to Biologics ^{cxix}	Express Language ^{cxix}
New Mexico	Broad Language ^{cxix}	Broad Language ^{cxix}	Broad Language ^{cxix}	Broad Language/ Language Limited to Biologics ^{cxix}
New York	Broad Language ^{cxix}	Broad Language/ Narrow Language ^{cxix}	Broad Language ^{cxix}	Broad Language/ Narrow Language ^{cxix}
New York City	Express Language ^{cxl}	Express Language ^{cxli}	Express Language ^{cxli}	Express Language ^{cxliii}
North Carolina	Narrow Language ^{cxli}	Narrow Language/ Broad Language ^{cxli}	Language Limited to Biologics ^{cxli}	Broad Language ^{cxli}

North Dakota	Broad Language ^{cxlviii}	Broad Language ^{cxlix}	Broad Language ^{cl}	Broad Language ^{cli}
Ohio	Broad Language/ Language Limited to Biologics ^{clii}	Broad Language ^{cliii}	Language Limited to Biologics ^{cliv}	Broad Language ^{clv}
Oklahoma	Language Limited to Biologics ^{clvi}	Narrow Language ^{clvii}	Language Limited to Biologics ^{clviii}	Narrow Language ^{clix}
Oregon	Broad Language ^{clx}	Broad Language ^{clxi}	Broad Language ^{clxii}	Broad Language ^{clxiii}
Pennsylvania	Language Limited to Biologics ^{clxiv}	Broad Language ^{clxv}	Broad Language ^{clxvi}	Broad Language ^{clxvii}
Rhode Island	Language Limited to Biologics ^{clxviii}	Broad Language ^{clxix}	Language Limited to Biologics ^{clxx}	Broad Language ^{clxxi}
South Carolina	Broad Language ^{clxxii}	Narrow Language/ Broad Language ^{clxxiii}	Broad Language ^{clxxiv}	Narrow Language/ Broad Language ^{clxxv}
South Dakota	Language Limited to Biologics ^{clxxvi}	Broad Language ^{clxxvii}	Language Limited to Biologics ^{clxxviii}	Broad Language ^{clxxix}
Tennessee	Broad Language ^{clxxx}	Express Language/ Broad Language ^{clxxxi}	Broad Language ^{clxxxii}	Express Language/ Broad Language ^{clxxxiii}
Texas	Language Limited to Biologics/ Express Area Quarantine Language ^{clxxxiv}	Language Limited to Biologics/ Express Area Quarantine Language ^{clxxxv}	Broad Language ^{clxxxvi}	Broad Language ^{clxxxvii}
Utah	Broad Language ^{clxxxviii}	Broad Language ^{clxxxix}	Broad Language ^{cx}	Broad Language ^{cxci}
Vermont	Broad Language ^{cxcii}	Broad Language ^{cxci}	Broad Language ^{cxci}	Broad Language ^{cxci}

Virginia	Language Limited to Biologics ^{cxvi}	Broad Language ^{cxvii}	Language Limited to Biologics ^{cxviii}	Language Limited to Biologics ^{cxix}
Washington	Express Language ^{cc}	Express Language ^{cci}	Express Language ^{ccii}	Express Language ^{cciii}
Washington, District of Columbia	Express Language ^{cciv}	Express Language ^{ccv}	Express Language ^{ccvi}	Express Language ^{ccvii}
West Virginia	Broad Language ^{ccviii}	Broad Language ^{ccix}	Broad Language ^{ccx}	Broad Language ^{ccxi}
Wisconsin	Language Limited to Biologics ^{ccxii}	Broad Language ^{ccxiii}	Language Limited to Biologics ^{ccxiv}	Broad Language ^{ccxv}
Wyoming	Broad Language ^{ccxvi}	Broad Language/ Language Limited to Biologics ^{ccxvii}	Language Limited to Biologics ^{ccxviii}	Language Limited to Biologics ^{ccxix}

ⁱ CAL. HEALTH & SAFETY CODE § 101080.2(a) (2010).

ⁱⁱ ALASKA STAT. § 18.15.385(m) (2005).

ⁱⁱⁱ N.C. GEN. STAT. § 130A-475(a)(4) (2012).

^{iv} N.J. ADMIN. CODE 8:57-1.11(a) (2009).

^v S.C. CODE ANN. § 44-4-130 (2008).

^{vi} S.C. CODE ANN. § 44-4-130 (2008).

^{vii} ALASKA STAT. §§ 26.23.020(g)(7) (2004); COLO. REV. STAT. § 24-33.5-704(3)(7)(g) (2012); GA. CODE ANN. § 38-3-51(d)(7) (2011); IDAHO CODE ANN. § 46-1008(5)(g) (2006); IND. CODE ANN. § 16-41-9-1.5(d)(7) (2007); KAN. STAT. ANN. § 48-925(c)(7) (2008); LA. REV. STAT. ANN. § 29:724(c)(3) (2009); MICH. COMP. LAWS ANN. § 30.405(1)(g) (2006); MISS. CODE ANN. § 33-15-17(c)(7) (2012); N.C. GEN. STAT. § 166A-19.30(b)(1) (2012); N.D. CENT. CODE § 37-17.1-05(6)(g) (2011); S.D. CODIFIED LAWS § 34-48A-5(5) (2004); TENN. CODE ANN. § 58-2-107(e)(7) (2010); VA. CODE ANN. § 44-146.17(1) (2008); W. VA. CODE § 15-5-6(f) (2007).

^{viii} ALA. CODE 1975 § 22-11A-3 (1987); ALA. ADMIN. CODE r. Ch. 420-4-1, App. I (2012).

^{ix} ALA. CODE 1975 § 22-12-4 (1981); ALA. CODE 1975 § 22-12-12 (1940).

^x ALA. CODE 1975 § 12-11A-7 (1987); ALA. ADMIN. CODE r. Ch. 420-4-1.05, App. I (2011); ALA. ADMIN. CODE r. Ch. 420-4-1, App. I (2012).

^{xi} ALA. CODE 1975 § 12-11A-7 (1987); ALA. ADMIN. CODE r. Ch. 420-4-1.05, App. I (2011); ALA. ADMIN. CODE r. Ch. 420-4-1, App. I (2012).

^{xii} ALASKA STAT. § 18.15.385 (2005).

^{xiii} ALASKA STAT. § 26.23-020 (2004).

^{xiv} ALASKA STAT. § 18.15.375 (2005); ALASKA STAT. § 18.15.380 (2005).

^{xv} ALASKA STAT. § 18.15.390 (2005).

-
- xvi ARIZ. REV. STAT. ANN. § 36-624 (2002).
- xvii ARIZ. REV. STAT. ANN. § 36-787 (2002); ARIZ. REV. STAT. ANN. § 36-788 (2002).
- xviii ARIZ. REV. STAT. ANN. § 36-624 (2002).
- xix ARIZ. REV. STAT. ANN. § 36-787 (2002).
- xx ARK. CODE ANN. § 20-7-109 (1997).
- xxi ARK. CODE ANN. § 20-7-109 (1997).
- xxii ARK. CODE ANN. § 20-7-109 (1997).
- xxiii ARK. CODE ANN. § 20-7-109 (1997).
- xxiv CAL. HEALTH & SAFETY CODE § 120145 (1995); CAL. HEALTH & SAFETY CODE § 120210 (1995).
- xxv CAL. HEALTH & SAFETY CODE § 101080 (2010).
- xxvi CAL. HEALTH & SAFETY CODE § 120145 (1995); CAL. HEALTH & SAFETY CODE § 120210 (1995).
- xxvii CAL. HEALTH & SAFETY CODE § 120145 (1995); CAL. HEALTH & SAFETY CODE § 120210 (1995).
- xxviii CAL. HEALTH & SAFETY CODE § 120145 (1995); CAL. HEALTH & SAFETY CODE § 120210 (1995).
- xxix CAL. HEALTH & SAFETY CODE § 101080 (2010); CAL. GOV'T CODE § 8550 (2013).
- xxx CAL. HEALTH & SAFETY CODE § 120145 (1995); CAL. HEALTH & SAFETY CODE § 120210 (1995).
- xxxi CAL. HEALTH & SAFETY CODE § 120145 (1995); CAL. HEALTH & SAFETY CODE § 120210 (1995); CAL. GOV'T CODE § 8550 (2013).
- xxxii COLO. REV. STAT. § 25-1-506 (2009); COLO. REV. STAT. § 25-1.5-102(1)(c) (2012).
- xxxiii COLO. REV. STAT. § 24-33.5-704 (2012).
- xxxiv COLO. REV. STAT. § 25-1-506 (2009).
- xxxv COLO. REV. STAT. § 24-33.5-704 (2012).
- xxxvi CONN. GEN. STAT. ANN. § 19a-131 (2003); CONN. GEN. STAT. ANN. § 19a-221 (2003).
- xxxvii CONN. GEN. STAT. ANN. § 19a-131(5) (2003); CONN. GEN. STAT. ANN. § 19a-131a (2008); CONN. GEN. STAT. ANN. § 19a-131b (2003).
- xxxviii CONN. GEN. STAT. § 19s-36-A8 (1989); CONN. GEN. STAT. § 19s-36-A9 (1989).
- xxxix CONN. GEN. STAT. § 19a-131e (2003).
- xl DEL. CODE ANN. tit. 16, § 122 (2012); DEL. CODE ANN. tit. 16, § 505 (2002).
- xli DEL. CODE ANN. tit. 16, § 122 (2012).
- xlii DEL. CODE ANN. tit. 16, § 122 (2012); DEL. CODE ANN. tit. 16, § 310 (1995).
- xliiii DEL. CODE ANN. tit. 16, § 122 (2012); DEL. CODE ANN. tit. 16, § 310 (1995).
- xliv FLA. STAT. § 381.0011 (2012); FLA. ADMIN. CODE ANN. r. 64D-3.029 (2008); FLA. ADMIN. CODE ANN. r. 64D-3.037 (2006).
- xliv FLA. STAT. § 381.0011 (2012); FLA. STAT. § 381.00315 (2012).
- xlvi FLA. ADMIN. CODE ANN. r. 64D-3.038 (2006).
- xlvii FLA. STAT. § 318.00315(2012); FLA. STAT. § 381.0011 (2012).
- xlviii GA. CODE ANN. § 30-2a-4 (2011); GA. CODE ANN. § 31-12-4. (2002).
- xlix GA. CODE ANN. § 31-12-2.1 (2002); GA. CODE ANN. 38-3-51 (2011).
- i GA. CODE ANN. § 31-12-3 (2002).
- ii GA. CODE ANN. § 31-12-2.1 (2002).
- iii HAW. REV. STAT. § 321-1 (2002).
- iiii HAW. REV. STAT. § 128-8 (1986); HAW. REV. STAT. § 325-20 (2002).
- liv HAW. REV. STAT. § 325-15 (1978).
- lv HAW. REV. STAT. § 128-8 (1986); HAW. REV. STAT. § 325-20 (2002).
- lvi IDAHO CODE ANN. § 56-1003 (2006); IDAHO ADMIN. CODE r. 16.02.10.065.
- lvii IDAHO CODE ANN. § 46-1008 (2006).
- lviii IDAHO ADMIN. CODE r. 16.02.10.065 (2013).
- lix IDAHO CODE ANN. § 39-112 (2000).
- lx 20 ILL. COMP. STAT. § 2305/2 (2009).
- lxi 20 ILL. COMP. STAT. § 2305/2 (2009).
- lxii ILL. ADMIN. CODE 690.1315 (2008); 20 ILL. COMP. STAT. § 2305/2 (2009).

lxiii ILL. ADMIN. CODE 690.1315 (2008); 20 ILL. COMP. STAT. § 2305/2 (2009).

lxiv IND. CODE § 16-18-2-302 (2006); IND. CODE § 16-41-9-1.5 (2007).

lxv IND. CODE ANN. § 16-41-9-1.5 (2007).

lxvi IND. CODE ANN. § 16-19-3-11 (1993).

lxvii IND. CODE ANN. § 16-19-3-11 (1993).

lxviii IOWA CODE ANN. § 139A.2 (2006); IOWA CODE ANN. § 139A.3A (2003); IOWA ADMIN. CODE 641-1.13(135,139A) (2010).

lxix IOWA CODE ANN. § 135-144 (2011); IOWA ADMIN. CODE 641-1.13(135,139A) (2010).

lxx IOWA CODE ANN. § 139A.3A (2003).

lxxi IOWA CODE ANN. § 135-144 (2011).

lxxii KAN. STAT. ANN. § 65-119 (1979); KAN. STAT. ANN. § 65-126 (1976); KAN. STAT. ANN. § 65-128 (1988).

lxxiii KAN. STAT. ANN. § 48-925 (2008).

lxxiv KAN. STAT. ANN. § 65-129B (2005).

lxxv KAN. STAT. ANN. § 65-129B (2005).

lxxvi KY. REV. STAT. ANN. § 214.020 (2005).

lxxvii KY. REV. STAT. ANN. § 214.020 (2005).

lxxviii KY. REV. STAT. ANN. § 214.020 (2005).

lxxix KY. REV. STAT. ANN. § 214.020 (2005).

lxxx LA. REV. STAT. ANN. § 40:18 (1976); LA. REV. STAT. ANN. § 40:5 (1999).

lxxxi LA. REV. STAT. ANN. § 29:724 (2009).

lxxxii LA. REV. STAT. ANN. § 40:17 (1997); LA. REV. STAT. ANN. § 40:24 (1978).

lxxxiii LA. REV. STAT. ANN. § 40:17 (1997); LA. REV. STAT. ANN. § 40:24 (1978).

lxxxiv ME. REV. STAT. ANN. tit. 22, § 801 (2007); ME. REV. STAT. ANN. tit. 22, § 802 (2012).

lxxxv ME. REV. STAT. ANN. tit. 22, § 810 (1989); ME. REV. STAT. ANN. tit. 22, § 802 (2012); 10-144 ME. CODE R. Ch. 258 § 2, 10.

lxxxvi 10-144 ME. CODE R. Ch. 258 § 2, 9 (2013).

lxxxvii 10-144 ME. CODE R. Ch. 258 § 2, 9, 10 (2013).

lxxxviii MD. CODE REGS. 10.59.01.02; MD. CODE REGS. 10.06.01.06.

lxxxix MD. CODE ANN., PUB. SAFETY § 14-3A-03 (2011); MD. CODE ANN., HEALTH-GEN. § 18-905 (2004); MD. CODE REGS. 10.59.01.02.

xc MD. CODE REGS. 10.06.01.06 (2013); MD. CODE REGS. 10.59.01.02 (2013); MD. CODE REGS. 10.59.01.03 (2013).

xcI MD. CODE ANN., HEALTH-GEN. § 14-3A-03 (2011); MD. CODE ANN., HEALTH-GEN. § 18-905 (2004).

xcii MASS. GEN. LAWS ANN. ch. 111, § 6 (1938); MASS. GEN. LAWS ANN. ch. 111, § 95 (2012).

xciii MASS. GEN. LAWS ANN. ch. 17, § 2A (1965).

xciv MASS. GEN. LAWS ANN. ch. 111, § 6 (1938).

xcv MASS. GEN. LAWS ANN. ch. 17, § 2A (1965).

xcvi MICH. COMP. LAWS ANN. § 333.2451; MICH. COMP. LAWS ANN. § 333.2465.

xcvii MICH. COMP. LAWS ANN. § 30.405 (2006); MICH. COMP. LAWS ANN. § 333.2453.

xcviii MICH. COMP. LAWS ANN. § 333.2451 (2012); MICH. COMP. LAWS ANN. § 333.2465 (2012).

xcix MICH. COMP. LAWS ANN. § 333.2451 (2012); MICH. COMP. LAWS ANN. § 333.2465 (2012).

c MINN. STAT. § 144-4171 (1987); MINN. STAT. § 144.4172 (1995).

ci MINN. STAT. § 12.21 (2003).

cii MINN. STAT. § 144.4172 (1995).

ciii MINN. STAT. § 12.21 (2003).

civ MISS. CODE ANN. § 41-3-15 (2010); MISS. CODE ANN. § 41-23-5 (2010).

cv MISS. CODE ANN. § 33-15-17 (2012).

cvI MISS. CODE ANN. § 41-3-15 (2010); MISS. CODE ANN. § 41-23-5 (2010).

cvii MISS. CODE ANN. § 41-3-15 (2010); MISS. CODE ANN. § 41-23-5 (2010).

cviii MO. CODE REGS. ANN. tit. 19, § 20-20.020(1)(B),(C) (2008); MO. CODE REGS. ANN. tit. 19, § 20-20.040 (2002); MO. CODE REGS. ANN. tit. 19, § 20-20.050 (2008).

-
- cix MO. CODE REGS. ANN. tit. 19, § 20-20.020(1)(B),(C) (2008); MO. CODE REGS. ANN. tit. 19, § 20-20.040 (2002); MO. CODE REGS. ANN. tit. 19, § 20-20.050 (2008).
- cx MO. CODE REGS. ANN. tit. 19, § 20-20.020(1)(B),(C) (2008); MO. CODE REGS. ANN. tit. 19, § 20-20.040 (2002).
- cxii MO. CODE REGS. ANN. tit. 19, § 20-20.020(1)(B),(C) (2008); MO. CODE REGS. ANN. tit. 19, § 20-20.040 (2002).
- cxiii MONT. CODE ANN. § 50-1-202 (2007).
- cxiv MONT. CODE ANN. § 50-1-202 (2007).
- cxv MONT. CODE ANN. § 50-1-202 (2007).
- cxvi 173 NEB. ADMIN. CODE § 6-002 (2007); 173 NEB. ADMIN. CODE § 6-003 (2007); 173 NEB. ADMIN. CODE § 6-004 (2007).
- cxvii NEB. REV. STAT. § 81-829.40 (1996); 173 NEB. ADMIN. CODE § 6-002 (2007); 173 NEB. ADMIN. CODE § 6-003 (2007); 173 NEB. ADMIN. CODE § 6-004 (2007).
- cxviii 173 NEB. ADMIN. CODE § 6-002 (2007); 173 NEB. ADMIN. CODE § 6-004 (2007).
- cxix NEB. REV. STAT. § 81-829.40 (1996); 173 NEB. ADMIN. CODE § 6-002 (2007); 173 NEB. ADMIN. CODE § 6-004 (2007).
- cxx NEV. REV. STAT. § 441A.169 (2009).
- cxxi NEV. REV. STAT. § 439.360, 439.470 (2003); NEV. REV. STAT. § 441A.169 (2009).
- cxvii NEV. REV. STAT. § 441A.169 (2009).
- cxviii NEV. REV. STAT. § 439.360, 439.470 (2003); NEV. REV. STAT. § 441A.169 (2009).
- cxix N.H. REV. STAT. ANN. § 125-H:4; N.H. REV. STAT. ANN. § 141-C:11.
- cxv N.H. REV. STAT. ANN. § 125-H:4; N.H. REV. STAT. ANN. § 141-C:11.
- cxvi N.H. REV. STAT. ANN. § 125-H:4 (2013).
- cxvii N.H. REV. STAT. ANN. § 125-H:4 (2013).
- cxviii N.J. ADMIN. CODE 8:57-1.11 (2009); N.J. ADMIN. CODE T. 8, Ch. 57, Subch. 1, App. B, 8:57-1 App. B (2009).
- cxix N.J. STAT. ANN. § 26:13-2 (2012); N.J. STAT. ANN. § 26:13-15 (2005).
- cxv N.J. ADMIN. CODE 8:57-1.11 (2009).
- cxvi N.J. STAT. ANN. § 26:13-14 (2005).
- cxvii N.M. STAT. ANN. § 24-1-3 (2001); N.M. STAT. § 12-10A-3 (2007); N.M. CODE R. § 7.4.3.9 (2012).
- cxviii N.M. STAT. ANN. § 12-10A-8 (2003); N.M. STAT. ANN. § 24-1-3 (2001).
- cxvix N.M. CODE R. § 7.4.3 (2012).
- cxv N.M. STAT. § 12-10A-13 (2003).
- cxvii N.Y. PUB. HEALTH LAW § 201(1)(n) (2010); N.Y. PUB. HEALTH LAW § 1303 (1953); N.Y. COMP. CODES R. & REGS. 10 § 16.18(a) (1997).
- cxviii N.Y. PUB. HEALTH LAW § 201(1)(n) (2010); N.Y. PUB. HEALTH LAW § 1303 (1953); N.Y. UNCONSOL. LAW § 9129 (1951); N.Y. COMP. CODES R. & REGS. tit. 10, § 16.18(a) (1997).
- cxvix N.Y. PUB. HEALTH LAW § 201(1)(n) (2010); N.Y. PUB. HEALTH LAW § 1303 (1953); N.Y. COMP. CODES R. & REGS. tit. 10, § 16.18(a) (1997).
- cxv N.Y. PUB. HEALTH LAW § 201(1)(n) (2010); N.Y. PUB. HEALTH LAW § 1303 (1953); N.Y. UNCONSOL. LAW § 9129 (1951); N.Y. COMP. CODES R. & REGS. tit., 10 § 16.18(a) (1997).
- cxli 24 NEW YORK, N.Y., DEP'T OF HEALTH & MENTAL HYGIENE § 11.17 (2012); 24 NEW YORK, N.Y., DEP'T OF HEALTH & MENTAL HYGIENE § 11.23 (2012).
- cxlii 24 NEW YORK, N.Y., DEP'T OF HEALTH & MENTAL HYGIENE § 11.17 (2012); 24 NEW YORK, N.Y., DEP'T OF HEALTH & MENTAL HYGIENE § 11.23 (2012).
- cxliii 24 NEW YORK, N.Y., DEP'T OF HEALTH & MENTAL HYGIENE § 11.23 (2012).
- cxliiii 24 NEW YORK, N.Y., DEP'T OF HEALTH & MENTAL HYGIENE § 11.23 (2012).
- cxliiii N.C. GEN. STAT. § 130A-475 (2012).
- cxliiii N.C. GEN. STAT. § 130A-475 (2012); N.C. GEN. STAT. § 166A-19.12 (2012); N.C. GEN. STAT. § 166A-19.30 (2012).
- cxliiii N.C. GEN. STAT. § 130A-144 (2009).
- cxliiii N.C. GEN. STAT. § 130A-144 (2009); N.C. GEN. STAT. § 166A-19.12 (2012); N.C. GEN. STAT. § 166A-19.30 (2012).
- cxliiii N.D. CENT. CODE § 23-07.6-02 (2003); N.D. CENT. CODE § 23-35-12 (2003).
- cxlix N.D. CENT. CODE § 37-17.1-05 (2011).
- cl N.D. CENT. CODE § 23-35-12 (2003).

clⁱ N.D. CENT. CODE § 23-35-12 (2003).

clⁱⁱ OHIO REV. CODE § 3701.13 (2004); OHIO REV. CODE § 3707.04 (1953); OHIO REV. CODE § 3707.08 (1953).

clⁱⁱⁱ OHIO REV. CODE § 5502.21(D)(2)(h) (2012); OHIO REV. CODE § 3701.13 (2004).

cl^{iv} OHIO REV. CODE § 3701.13 (2004).

cl^v OHIO REV. CODE § 5502.21(D)(2)(h) (2012).

cl^{vi} OKLA. STAT. tit. 63, § 1-502 (1963); OKLA. ADMIN. CODE § 310:520-1-2 (2013).

cl^{vii} OKLA. STAT. tit. 63, § 6104 (2007); OKLA. STAT. tit. 63, § 6601 (2003).

cl^{viii} OKLA. ADMIN. CODE § 310:521-7-2 (2008).

cl^{ix} OKLA. STAT. tit. 63, § 6104 (2007); OKLA. STAT. tit. 63, § 6601 (2003).

cl^x OR. REV. STAT. ANN. § 433.001(14) (citing OR. REV. STAT. ANN. § 431.260(14)); OR. REV. STAT. § 433.123 (2012); OR. REV. STAT. § 433.220 (2009).

cl^{xi} OR. REV. STAT. ANN. § 433.001(14) (citing OR. REV. STAT. ANN. § 431.260(14)); OR. REV. STAT. § 433.121 (2012); OR. REV. STAT. ANN. § 433.441(d) (public health emergency includes nuclear as per OR. REV. STAT. ANN. § 433.442(4)(a)(D)).

cl^{xii} OR. REV. STAT. ANN. § 433.001(14) (citing OR. REV. STAT. ANN. § 431.260(14)); OR. REV. STAT. § 433.220 (2009).

cl^{xiii} OR. REV. STAT. § 433.035 (2010).

cl^{xiv} 28 PA. CODE § 27.60 (2002).

cl^{xv} 35 PA. CONS. STAT. ANN. 7301 (1988).

cl^{xvi} 35 PA. STAT. ANN. § 521.5 (1956); 28 PA. CODE § 27.60 (2002).

cl^{xvii} 35 PA. STAT. ANN. § 521.5 (1956); 28 PA. CODE § 27.60 (2002).

cl^{xviii} R.I. GEN. LAWS § 23-8-4 (2003); R.I. GEN. LAWS § 23-8-18 (1939).

cl^{xix} R.I. GEN. LAWS § 23-1.3-9 (1967); R.I. GEN. LAWS § 23-8-4 (2003).

cl^{xx} R.I. GEN. LAWS § 23-8-4 (2003).

cl^{xxi} R.I. GEN. LAWS § 23-1.3-9 (1967).

cl^{xxii} S.C. CODE ANN. § 44-1-80 (2002); S.C. CODE ANN. § 44-1-110 (1988); S.C. CODE ANN. § 44-1-140 (1977).

cl^{xxiii} S.C. CODE ANN. § 13-7-10(2000); S.C. CODE ANN. § 13-7-50 (1976); S.C. CODE ANN. § 44-4-110 (2002), S.C. CODE ANN. § 44-4-130(2008); S.C. CODE ANN. § 44-1-140 (1977); S.C. CODE ANN. REGS. 61-112 (2006).

cl^{xxiv} S.C. CODE ANN. § 44-1-80 (2002); S.C. CODE ANN. § 44-1-140 (1977).

cl^{xxv} S.C. CODE ANN. § 44-1-140 (1977); S.C. CODE ANN. REGS. 61-112 (2006).

cl^{xxvi} S.D. CODIFIED LAWS § 34-1-17 (2005); S.D. CODIFIED LAWS § 34-22-1 (1939).

cl^{xxvii} S.D. CODIFIED LAWS § 34-48A-5 (2004).

cl^{xxviii} S.D. ADMIN. R. 44:20:03:04 (2011); S.D. ADMIN. R. 44:20:03:07 (2001).

cl^{xxix} S.D. ADMIN. R. 44-4-300 (2002).

cl^{xxx} TENN. CODE ANN. § 68-1-201 (2006); TENN. CODE ANN. § 68-5-104 (1989).

cl^{xxxi} TENN. CODE ANN. § 58-2-107 (2010); TENN. CODE ANN. § 68-202-214 (2011).

cl^{xxxii} TENN. COMP. R. & REGS. 1200-14-04-.04 (2004); TENN. COMP. R. & REGS. 1200-14-01-.15 (2010).

cl^{xxxiii} TENN. CODE ANN. § 68-202-214 (2011); TENN. COMP. R. & REGS. 1200-14-01-.15 (2010); TENN. COMP. R. & REGS. 1200-14-04-.04 (2004).

cl^{xxxiv} TEX. HEALTH & SAFETY CODE ANN. § 122.005 (1989); TEX. HEALTH & SAFETY CODE ANN. § 508.003 (2003).

cl^{xxxv} TEX. HEALTH & SAFETY CODE ANN. § 122.005 (1989); TEX. HEALTH & SAFETY CODE ANN. § 401.056 (1995); TEX. HEALTH & SAFETY CODE ANN. § 508 (2003).

cl^{xxxvi} TEX. HEALTH & SAFETY CODE ANN. § 122.005 (1989); TEX. HEALTH & SAFETY CODE ANN. § 508.003(a) (via TEX. HEALTH & SAFETY CODE ANN. § 81.085(d)(5)).

cl^{xxxvii} TEX. HEALTH & SAFETY CODE ANN. § 122.005 (1989).

cl^{xxxviii} UTAH CODE ANN. § 26-1-30 (2012); UTAH CODE ANN. § 26-6b-3 (2011); UTAH CODE ANN. § 26-6-4 (2006).

cl^{xxxix} UTAH CODE ANN. § 26-1-30 (2012); UTAH CODE ANN. § 26-6b-3 (2011); UTAH CODE ANN. § 26-6-4 (2006).

cl^{xc} UTAH CODE ANN. § 26-6-4 (2006).

cl^{xcⁱ} UTAH CODE ANN. § 26-6-4 (2006).

cl^{xcⁱⁱ} VT. STAT. ANN. 18 § 126 (1985); VT. STAT. ANN. 18 § 1004a (1979).

cl^{xcⁱⁱⁱ} VT. STAT. ANN. 18 § 127 (1985).

-
- cxciV VT. STAT. ANN. 18 § 126 (1985).
- cxciV VT. STAT. ANN. 18 § 127 (1985).
- cxciV VA. CODE ANN. § 32.1-48.06 (2007); VA. CODE ANN. § 32.1-48.08 (2004).
- cxciV VA. CODE ANN. § 32.1-42(2004); VA. CODE ANN. § 44-146.17 (2008).
- cxciV VA. CODE ANN. § 32.1-43 (2004).
- cxciV VA. CODE ANN. § 32.1-48.05 (2004); VA. CODE ANN. § 44-146.17 (2008).
- cc WASH. REV. CODE ANN. § 70.05.070 (2007); WASH. ADMIN. CODE § 246-100-036 (2013) (contaminate includes radiological as per WASH. ADMIN. CODE § 246-100-011(9)).
- cci WASH. ADMIN. CODE § 246-100-040 (2013).
- ccii WASH. REV. CODE ANN. § 70.05.070 (2007); WASH. ADMIN. CODE § 246-100-036 (2013) (contaminate includes radiological as per WASH. ADMIN. CODE § 246-100-011(9)).
- cciii WASH. REV. CODE ANN. § 70.05.070 (2007); WASH. ADMIN. CODE § 246-100-036 (2013) (contaminate includes radiological as per WASH. ADMIN. CODE § 246-100-011(9)).
- cciv D.C. CODE § 7-132 (2002); D.C. CODE § 7-133 (2002).
- ccv D.C. CODE § 7-2304 (2004).
- ccvi D.C. CODE § 7-132 (2002); D.C. CODE § 7-133 (2002).
- ccvii D.C. CODE § 7-132 (2002); D.C. CODE § 7-133 (2002).
- ccviii W. VA. Code § 16-3-6 (1977).
- ccix W. VA. CODE § 15-5-6(f) (2007).
- ccx W. VA. CODE § 16-3-6 (1977).
- ccxi W. VA. CODE § 15-5-6(f) (2007).
- ccxii WIS. STAT. ANN. § 252.02 (2012); WIS. STAT. § 252.06 (2003).
- ccxiii WIS. STAT. ANN. § 232.12 (2009); WIS. STAT. ANN. § 254.38 (1999).
- ccxiv WIS. STAT. § 252.06(2003).
- ccxv WIS. STAT. ANN. § 232.12 (2009); WIS. STAT. ANN. § 254.38 (1999).
- ccxvi WYO. STAT. ANN. § 35-1-240(2008).
- ccxvii WYO. STAT. ANN. § 35-1-240(2008); WYO. STAT. ANN. § 35-4-112 (2003); WYO. STAT. § 35-4-115 (2003).
- ccxviii WYO. STAT. ANN. § 35-4-113 (2003).
- ccxix WYO. STAT. ANN. § 35-4-113 (2003).