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February 14, 2024

Senator Ben Hansen, Chair, and Members of the Health and Human Services Committee
State Capitol, Lincoln, NE

RE: LB1111 (Clements) – Require city-county health departments to obtain approval for directed health measures

OPPOSE – *Please include this written testimony from the League of Women Voters of Nebraska as part of the public hearing record for LB1111.*

Dear Senator Hansen and Members of the Health and Human Services Committee:

Since its founding in 1920 as a nonpartisan organization, the League of Women Voters has worked diligently for equal rights for all Americans. One of the first issues the League of Women Voters of Nebraska focused on was protecting and promoting public health, specifically efforts in the 1930s to establish a city health department in Omaha.¹

Recognizing the wide-reaching impact of coordinated, government led, expert-informed health initiatives, the LWNVE has continued to advocate for strong public health policy, free from political pressure.

LB1111 states that it will “require city-county health departments to obtain the approval of the Department of Health and Human Services in issuing directed health measures in the case of a national or multi-state pandemic.” This bill clearly limits the abilities of local health departments to act expeditiously in the event of health emergencies and would delay necessary preventive steps, leading to negative health outcomes for citizens.

It is in this tradition of civic engagement and equity that the League of Women Voters of Nebraska strongly opposes LB1111.

A 2021 study by the Network for Public Health Law² shows that other states that have enacted such laws have experienced delays in public health measures necessary to protect public health. Their report reaches four conclusions:

1. Legislation to block reasonable public health measures like mask wearing, social distancing and quarantine poses an immediate threat to life and health.
2. Legislation to stop expert public health agencies from leading the response to health emergencies creates unforeseen, serious risks to life and health.
3. Legislation that strips authority from public health agencies and the executive branch infringes on the constitutional separation of powers and undermines effective government response.

4. These laws could make it harder to advance health equity during a pandemic that has disproportionately sickened and killed Black, Hispanic and Latino, and Indigenous Americans.

After summarizing similar legislative efforts in several other states, the Network for Public Health Law report concludes: "Reforms to emergency authority should be carefully crafted to ensure that public health officials retain the authority to act quickly to address future public health emergencies. Current legislation under consideration, however, does not meet this standard. These proposed and enacted laws would add a level of bureaucracy and politics that undercut the flexibility and timeliness of local public health orders and make it harder for public health experts on the front lines to protect and respond to local communities."³

The foremost question the Nebraska Unicameral should answer when crafting policy is: Will this benefit *all* Nebraskans? If the answer is an unequivocal no, as in the case of LB1111 – with its negative health impacts – it should not be pursued as policy. It is for these reasons that the LWWNE is strongly opposed to LB1111 and ask that you do not advance this proposed legislation.

Sincerely,

Dr. Amber Brown Keebler, Director of Health Policy, LWWNE
Judy Sandeen, Health Policy Action Team, LWWNE
MaryLee Moulton and Janelle Stevenson, Co-Presidents, LWWNE

¹O'Donnell, D. C. (1996). The League of Women Voters of Greater Omaha, 1920-1995. Master's thesis, University of Nebraska Omaha.

<https://digitalcommons.unomaha.edu/cgi/viewcontent.cgi?article=2721&context=studentwork>

²Network for Public Health Law. (2021, May). Proposed Limits on Public Health Authority: Dangerous for Public Health. <https://www.networkforphl.org/wp-content/uploads/2021/05/Proposed-Limits-on-Public-Health-Authority-Dangerous-for-Public-Health-FINAL.pdf>

³Ibid., pp. 9-10.