Summary

While each state has its own set of quarantine laws, the detail included in the law differs widely from state to state. Most states have several layers of authority with regard to quarantine and isolation, ranging from the state governor to a county boards of health to mayors. Below is a general discussion of certain similarities and differences between state quarantine laws based on authority, enforcement, and penalties for non-compliance. This is not, however, an exhaustive analysis of each state's laws; it is critical that the practitioner review the details of the applicable statutes when considering these questions. Also below is a discussion of federal quarantine law and its interplay with state quarantine laws.

Analysis

The Scope of Quarantine

For purposes of this memorandum, the term "quarantine" will be used to refer to the ability to limit the movement of persons due to public health concerns. Quarantine is typically imposed on those with a history of exposure to a contagious disease or other communicable public health threat, in the hopes of limiting further transmission. While often a distinction is made between quarantine, which is imposed on those who have been exposed, but are not yet symptomatic or known to be ill, and isolation, which refers to those who are known to be ill and are confined, this memorandum does not make that distinction.

Scope of Quarantine Law

Originally, state quarantine laws were developed for certain common contagious diseases, such as tuberculosis. While some states continue to focus on specific contagious diseases, many others have recently updated their statutes to more generally cover any contagious disease that poses a public health threat, including new and emerging diseases. As the United States has faced new and re-emerging disease threats, many states have updated their public health statutes, including the quarantine provisions. Further, there is an increasing awareness that state laws are inconsistent and, in some cases insufficient and outdated. One approach to resolving this challenge was the development of the Model State Emergency Health Powers Act, which was proposed as a model for the states to create comprehensive laws and regulations regarding quarantine and other emergency powers. Several states have recently introduced legislation to modernize their public health laws, which include updates to quarantine law.
However, some states laws have not been updated, and are still limited to "traditional" diseases. For example, laws of Washington and Colorado focus on traditional diseases, while most others, address any contagious disease. Still other states, such as Arizona, have comprehensive quarantine laws specific to tuberculosis in addition to quarantine laws for all other communicable diseases. Similarly, some state laws focus primarily on contagious diseases which are propagated through standard transmission mechanisms, such as through exposure to a carrier or to a vector that carries the disease. Other states have expressly expanded the scope of isolation and quarantine provisions to address nuclear, biological, and terrorism-related transmission.¹

**Authority to Impose Quarantine**

A majority of states authorize the state department of health to impose quarantine, with additional authority granted to the local board of health. In some states, the public health officer is empowered to impose quarantine by issuance of a public health order; in other cases, formal judicial action is required. Alaska, Delaware, and Hawaii require court orders to support a local public health official's imposition of quarantine, while Arizona requires a court order for imposition of quarantine at either the state or local level. Alabama, Alaska, Arizona, Connecticut, and Rhode Island grant the governor additional authority to impose a quarantine as part of the governor's emergency powers. In some states, public health officials serve a consultative capacity, with the senior executive in the jurisdiction charged with actually declaring quarantine. For example, Kansas, Nebraska, and the District of Columbia permit a mayor to impose quarantine. In contrast, some states grant significant authority to local public health officials, including Colorado, Missouri, Nevada, New York, Oklahoma, and Wyoming, all of which keep quarantine authority at the local level, rather than with the state. California, Florida, Indiana, Kentucky, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, Ohio, South Carolina, South Dakota, Texas, Vermont, and Virginia place all authority to impose quarantine with the state department of health or its equivalent.

**Enforcement of Quarantine**

Most states do not specifically address enforcement of quarantine orders. For those that do, enforcement of quarantine law rests with the local law enforcement and the local board of health. Alabama’s quarantine law specifically states that someone violating quarantine can be arrested without a warrant and Connecticut’s quarantine law states that the commissioner can direct a law enforcement officer to immediately take an individual refusing to obey quarantine into custody. Alaska, Arizona, Delaware, Georgia, Hawaii, Maine, Minnesota, and South Carolina require that court orders be issued prior to enforcement of quarantine. Other states, such as Utah, require orders from the department of health to enforce quarantine on an individual. Connecticut, Delaware, Georgia, Hawaii, Illinois, Iowa, Maryland, Minnesota, New Jersey, New York, North Carolina, Rhode Island, and South Carolina include due process procedures to be followed with regard to enforcement of quarantine or requested release from quarantine. Alabama, Alaska, Arizona, California, Connecticut, and Virginia include requirements for release of an individual from quarantine. Some states, such as Alaska and Indiana require individuals to be quarantined in their homes, when possible. Connecticut specifies that family members of a household should be kept together. Connecticut,

¹ North Carolina Statutes § 130A-475.
Hawaii, and South Carolina require that cultural and religious beliefs should be considered in addressing the needs of individuals and establishing and maintaining premises used for quarantine and isolation. In some cases, an individual may be placed in custody if the individual refuses to comply with a quarantine order.

However, the reality of quarantine enforcement, particularly in the case of wide-spread illness such as an epidemic or pandemic, is not clear. There has been little experience in modern America regarding the willingness of law enforcement to enforce quarantine orders. In many cases, it may be difficult for law enforcement personnel to exert force to enforce quarantine, both due to a perception that enforcing quarantine is not a “proper” use of law enforcement to concerns regarding the officer's own health.

Other Police Powers

Some states grant additional authority to those enforcing quarantine law regarding the right to cross the quarantine lines. California and Virginia give law enforcement the right to destroy property as necessary, and many states grant to public health personnel the authority to destroy property which is thought to pose a risk to public health. Other states grant law enforcement the right to take any supplies necessary for the well being of the individuals in quarantine. Alabama permits officers charged with enforcing the quarantine to ride freely on public transportation. Other states, such as Alabama, permit taking over hospitals or other proper spaces to create quarantine areas. Alabama permits a person traveling from an infected area to be quarantined and Minnesota permits quarantine of interstate common carriers.

Penalties

Most states specifically identify the penalties for breaking quarantine, which typically include fines, short-term imprisonment, or both. Fines range from no less than $10 to no more than $9,000. With minimal exceptions, states consider a violation of quarantine law to be a misdemeanor, but of varying degrees depending on whether the violation occurred knowingly or intentionally. Imprisonment can ranges from six months to five years. Delaware, Massachusetts, Michigan, Minnesota, North Carolina, Ohio, Oregon, Pennsylvania, Utah, and Vermont do not include any specific penalties for violation of quarantine laws. The District of Columbia, Montana, New Jersey, and New Mexico only impose fines. On one extreme, in Mississipi, any person who knowingly and willfully violates an order of the county, district, or state health officer and has a life-threatening communicable disease, or the causative agent thereof, will be guilty of a felony punishable by a fine of not more than $5,000, imprisonment for not more than five years, or both. On the other extreme, in Montana, a person who does not comply with quarantine measures will be fined not less than $10 or more than $100.

Additional Provisions

A few states have detailed provisions in their quarantine laws to address additional concerns that may arise from imposition of quarantine. For example, Alaska permits claims to be brought against the state for improper quarantine. Kansas, Maine, and Minnesota forbid employers from punishing employees for missing work due to quarantine. Arizona states that physician/patient confidentiality does not apply to information shared during a public health emergency while other states specify that such information will remain confidential. Iowa specifies that isolation and quarantine should
be consistent with guidelines provided by the Centers for Disease Control and Prevention’s *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* (June 2007), and provides a model rule for local boards. North Dakota requires that isolated individuals be confined separately from quarantined individuals. Ohio requires the premises of those isolated or quarantined to be placarded in a conspicuous position with the name of the disease printed in large letters.

**Federal Quarantine Law**

The federal government has the authority to authorize quarantine under certain circumstances identified in the Public Health Service Act. Federal quarantine authority arises under the Commerce Clause authority and focuses on preventing the introduction of communicable diseases from foreign countries and transmission between states, if the state response is insufficient. The federal government recognizes that state and local governments are responsible for maintaining public health and views the federal role as providing support and assisting state efforts. If, however, the state is unwilling or unable to impose appropriate and effective protection, federal regulations permit more direct intervention by the Centers for Disease Control and Prevention. As with state laws, the federal regulations have proven to be cumbersome and inefficient given increased globalization and international travel and the emergence of new communicable diseases (and re-emergence of diseases thought to have been eradicated). New proposed regulations under the Public Health Service Act seek to better clarify the quarantine powers for the federal government.

The relative roles of state, local, tribal, and federal agencies, as well as private entities such as non-governmental organizations, have been established through the National Response Framework. The National Response Framework recognizes that most public health and emergency response activities are properly the responsibility of local and state government, with direct federal response and intervention limited to situations, which exceed the resources of the state(s) in question. The federal government has directed the use of the National Incident Management System (NIMS) to improve coordination between entities, including the use of the Incident Command System. The federal government's focus is primarily on prevention and preparedness activities, with response activities limited to major events.

**Conclusion**

While there are a few outliers with regard to quarantine law, most states are revising their public health laws to bring them in line with proposed public health powers, making their quarantine laws similar, just with varying degrees of detail. A few states will need to update their current laws to expand the scope of quarantine from tuberculosis and other named diseases to include other communicable diseases and emerging threats. While authority to impose quarantine resides on federal, state, and local levels, the "who, what, when, where, and why" differs and requires review of applicable state and, in some cases, local laws and ordinances. Federal intervention focuses on prevention and preparedness, although federal officials have quarantine authority in certain specified situations. All involved have learned the importance of coordination and common procedures to help ensure an efficient response to public health emergencies.
Resources

- **State Quarantine and Isolation Statutes** (last updated in November, 2009)

- **2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings**

- Center for Law and the Public’s Health at Georgetown and Johns Hopkins Universities, [Model Laws](#)

- **CRS Report for Congress: Federal and State Isolation and Quarantine Authority**

- Center for Law and the Public’s Health at Georgetown and Johns Hopkins Universities, [Overview of Federal and State Quarantine Authority](#)

- **Proposed Federal Quarantine Rule**

- **Alabama**
  - Ala.Code 1975 §§ 22-2-2, 22-3-2, and 22-12-1 through 22-12-29

- **Alaska**
  - AS §§ 18.15.385 through 18.15.395 and 09.50.250

- **Arizona**
  - A.R.S. §§ 36-624 through 36-631 and 36-787 through 36-790

- **Arkansas**

- **California**
  - Cal.Health & Safety Code §§ 120100 through 120305

- **Colorado**
  - C.R.S.A. §§ 25-1-506 and 25-4-500.3 through 25-4-513

- **Connecticut**
  - C.G.S.A. §§ 19a-131 through 19a-131d

- **Delaware**
  - 16 Del.C. §§ 505 and 506 and 20 Del.C § 3136

- **Florida**
  - F.S.A. §§ 381.0025 and 381.00315

- **Georgia**
  - Ga. Code §§ 31-2-1 and 38-3-51
• Hawaii
  o HRS §§ 128-8, 321-1, 325-8, and 325-9

• Idaho
  o I.C. §§ 39-415, 50-304, and 56-1003 and IDAPA 16.02.10.065

• Illinois
  o 20 ILCS 2305/2, 55 ILCS 5/5-20001, 65 ILCS 5/7-4-1, and 7 IL ADC 690.1000

• Indiana
  o IC 16-19-3-9, 16-41-9-1.5, and 16-41-9-1.6

• Iowa
  o ICA §§ 136.3 and 139A.25
  o Iowa Admin Code 641-1.8 through 641-1.13

• Kansas
  o KS ST 14-307, 65-119 through 65-129d, and 65-301

• Kentucky
  o KRS §§ 212.370 and 214.020

• Louisiana
  o LSA-R.S. 40:5, 40:6, 40:7, and 40:15

• Maine
  o 22 M.R.S.A. §§ 802, 804, and 810, and 26 M.R.S.A. § 875

• Maryland
  o MD Code, Health – General, §§ 18-901 through 18-907

• Massachusetts
  o M.G.L.A. 111 § 95

• Michigan
  o M.C.L.A. 333.2453
  o M.C.L.A. 333.5207

• Minnesota
  o M.S.A. §§ 144.12, 144.14, 144.419, 144.4195, and 144.4196

• Mississippi
  o Miss. Code §§ 41-23-2 and 41-23-5

• Missouri
  o V.A.M.S. 79.380 and 192.320

• Montana
  o MCA 50-1-204, MCA 50-2-116, 50-2-118, 50-18-107
- Nebraska  
  o  NE ST §§ 14-219, 71-501, 71-506, and 81-601
- Nevada  
  o  N.R.S. 439.360 and 441A.160
- New Hampshire  
  o  N.H. Rev. Stat. §§ 141-C:4 through 141-C:21
- New Jersey  
  o  N.J.S.A. 26:4-2 and 26:4-129
- New Mexico  
  o  N.M.S.A. 1978 §§ 12-10A-8 and 24-1-3
- New York  
  o  N.Y. Public Health Law §§ 2100, 2120, and 2122
- North Carolina  
  o  N.C.G.S.A. §§ 130A-41, 130A-45.5, 130A-45.6, and 130A-145
- North Dakota  
  o  NDCC 23-07-06, 23-07.6-02, 23-07.6-03, and 23-35-12
- Ohio  
  o  R.C. §§ 3701.13, 3707.08, 3707.09, and 3707.31
- Oklahoma  
  o  Okl.St. § 1195 and 63 Okl.St. §§1-502 and 1-504
- Oregon  
  o  O.R.S. § 433.121
- Pennsylvania  
  o  35 P.S. § 521.5
- Rhode Island  
  o  Gen.Laws 1956 §§ 23-8-4, 23-8-7, and 23-8-18
- South Carolina Code  
  o  1967 §§ 44-1-80, 44-4-530, 44-4-540
- South Dakota  
  o  SDCL §§ 34-1-17 and 34-22-5
- Tennessee  
  o  T.C.A. §§ 68-1-201, 68-1-203, 68-2-609, and 68-9-204
Texas
  - T.C.A. Health and Safety Code §§ 81-083, 81-085, 122.005, and 122.006
Utah
  - U.C.A. 1953 §§ 26-6b-1 and 26-6b-3.3
Vermont
  - 18 V.S.A. §§ 1004 and 1004a
Virginia
Washington
  - RCWA 70.28.031, 70.28.032, and 70.28.033
West Virginia
  - W. Va. Code §§ 16-3-1 and 16-3-2
Wisconsin
  - W.S.A. 252.06
Wyoming
  - W.S. 1977 §§ 15-1-103, 35-1-240, 35-4-102, and 35-4-105
District of Columbia
  - DC ST §§ 7-2304
  - DC ST §§ 7-2307