

Medical News

US Governors Are Forming a Public Health Alliance Amid Federal Funding Cuts and Shifting Guidance

Kate Schweitzer

When Hawai'i Governor Josh Green, MD, became 1 of 15 US state and territorial leaders to join the Governors Public Health Alliance, a new coalition designed to respond to disease threats amid federal changes, he knew he'd bring to the table a unique perspective. As the nation's only sitting governor who is also a physician, Green recognized the importance of countering the "precarious lean away from science-based medicine and public health policy" in the current federal administration.



Multimedia



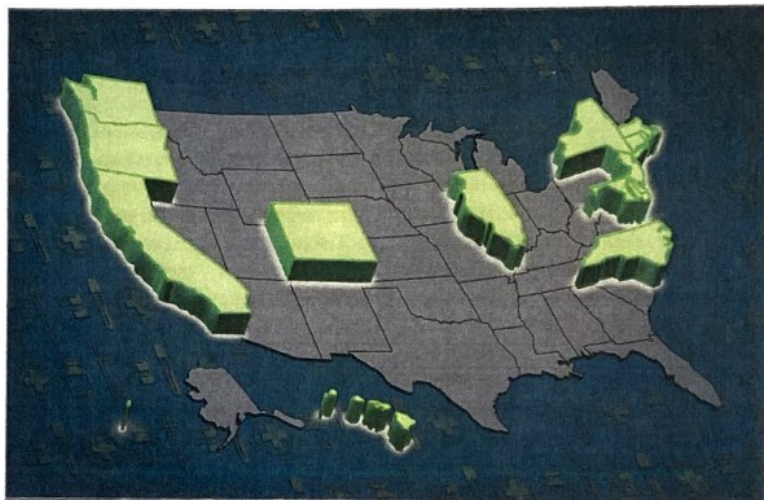
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"Viruses and illness don't stop at state borders and our preparedness shouldn't either," he told JAMA Medical News in an interview.

The alliance of governors, formed in mid-October, is the latest attempt at creating an alternative public health network that would operate outside the federal government as a potential stopgap to funding cuts happening across federal agencies, including the US Centers for Disease Control and Prevention (CDC), and to the often controversial changes in guidance coming out of the US Department of Health and Human Services (HHS).

"We have been laying the groundwork for this alliance for several months at the direction of multiple governors' offices, knowing that the stakes for public health are higher than ever," said Julia Spiegel, JD, the founder and chief executive of GovAct, the nonpartisan organization that incubated and launched the alliance with the help of its advisory board made up of former governors and senior federal officials from both sides of the political aisle.

A bipartisan group of public health experts also advises the Governors Public Health Alliance. But the alliance itself is currently made up of all Democratic governors. Member states and territories include California, Colorado, Connecticut, Delaware, Guam, Hawai'i, Illinois, Maryland, Massachusetts,



Fifteen US states and territories have joined the new Governors Public Health Alliance.

New Jersey, New York, North Carolina, Oregon, Rhode Island, and Washington, representing about one-third of the US population.

Green, who practiced family and emergency medicine, remarked that "millions of Americans...find themselves standing on the edge of a cliff" because of the tenuous nature of public health amid ongoing federal upheaval. This coalition, he said, stands to "deliver clear, consistent, science-based guidance to the public at a time when we are facing unprecedented public health challenges."

Still, the alliance faces its own set of hurdles. Although it is technically bipartisan, some experts fear that political polarization—and the confusion that may result from duplicative efforts and conflicting messaging—will prevent the coalition, no matter how well-intentioned, from safeguarding public health.

Initial Goals

The first goal of the alliance is to bring cohesive strategies to member states around imminent medical issues.

"The biggest concern shared by many of us in public health today relates to infectious disease readiness and response, and

vaccines are at the heart of that," said Anand Parekh, MD, MPH, the chief health policy officer at the University of Michigan School of Public Health and senior advisor at the university's Institute for Healthcare Policy and Innovation.

The federal government historically handles vaccine approvals and recommendations, while states hold primary authority for mandating vaccines, such as for school entry, noted Josh Michaud, PhD, of the health policy organization KFF.

However, new eligibility restrictions for the COVID-19 vaccine—which were set by the US Food and Drug Administration and essentially endorsed by the CDC's vaccine advisory panel—and proposed cuts to Medicaid, a major payer of childhood immunizations, could affect access, said Michaud, KFF's associate director for global and public health policy.

States began taking action even before the alliance formed to insulate their constituents from these constraints, he said. Some governors, for instance, have issued emergency orders allowing for pharmacists to administer COVID-19 vaccinations without a prescription. Others, he said, have enacted legislation that moves away from

sole reliance on the CDC's Advisory Committee on Immunization Practices for determining insurance coverage.

"So, if this continues, instead of having 50 different regulatory approaches to vaccines, an alliance could provide some coordination across regional groups," he noted.

Mandy Cohen, MD, MPH, who was the director of the CDC until this past January and now serves as an advisor for the Governors Public Health Alliance through GovAct, confirmed that collaboration around vaccine policy was a driving force behind the alliance's "accelerated" formation.

"Often, levers to solve problems in public health don't all live within public health, and there are parts of vaccine policy that a governor's office can mobilize," she said.

Both Michaud and Parekh noted that the genesis of the alliance felt "reactionary," but that it was a legitimate response.

"There are genuine fears of, 'what if this impacts the Vaccines for Children program?'" Parekh said, referring to the federally funded service that provides free vaccines to children whose families may not otherwise be able to afford them. "They're not just concerns based on rhetoric but upon actions that have happened."

Beyond collaboration around vaccines—so that every state "doesn't need to reinvent the wheel"—Cohen said the alliance will support governors in mitigating outbreaks, particularly those that cross state lines, and in maintaining a link to the global health community following the US's withdrawal from the World Health Organization this past January.

"States in the alliance like New York, California, and Illinois are hubs with big international airports," she said. "Making sure they stay abreast of what's happening nationally and globally so they can protect folks within their states is vital."

This type of interstate information sharing isn't necessarily new for governors or state public health officials. In fact, Illinois Governor JB Pritzker and Illinois Department of Public Health Director Sameer Vohra, MD, JD, have made it common practice to share strategies. Since joining the alliance, though, Vohra has been in close contact with other participating public health leaders.

"It's something we often do in everyday times, but this has elevated an opportunity for us to pass along knowledge and gain knowledge," he said in an interview.

"We've been having conversations with other states on how we can coordinate messaging and how we can think about health detection. It's happening as we speak."

The Deepest Divide

In a statement to JAMA Medical News, HHS spokesperson Andrew Nixon said that "Democrat-led states that imposed unscientific school closures, toddler mask mandates, and vaccine passports during the COVID era are the ones who destroyed public trust" in public health. Now, he added, "the same governors who eroded that trust are trying to reinvent public health under the guise of 'coordination.'"

So far, no current Republican governor has signed onto the Governors Public Health Alliance. "Some of their teams have joined early briefings," Cohen said. "It's early days, and the door is wide open."

The coalition's current membership is a "reflection of an increasingly partisan approach to every aspect of governing now," Michaud said.

Yet that's not necessarily new. In the early months of the COVID-19 pandemic, states set up coalitions to coordinate responses and share supplies in the face of "what they perceived as federal government inaction," said Michaud, who noted how, later, Republican-led states joined up to oppose COVID-19 policies imposed by the Biden administration.

Parekh said "there are opportunities for the alliance to include red states and Republican governors," but it will require depoliticizing public health.

"If you ask a person on the street, 'what is public health?,' they may mention the 'mask police' and the 'vaccine police,'" he said. "But public health is about clean air, clean water, safe roads and schools and worksites. It's ensuring folks can get the help they need for tobacco or chronic disease prevention. When you poll people about these individual areas, they're all supportive. But when you ask about 'public health,' they aren't always so. Any kind of public health alliance needs to tackle that."

Splintering of Public Health

Adding to the divide, the Governors Public Health Alliance is one of several newly formed state health alliances. A West Coast Health Alliance launched in early September, and 2 weeks later, the Northeast Public Health Collaborative was announced. This is in addition

to the preexisting Democratic Governors Association, Republican Governors Association, and National Governors Association (NGA).

"One might ask if the NGA, a bipartisan organization, might be the one bringing folks together," Parekh said.

Cohen maintained the Governors Public Health Alliance isn't "meant to duplicate any of the work happening elsewhere," but instead "lift up that work to the governor's level."

Susan Kansagra, MD, MBA, the chief medical officer of the Association of State and Territorial Health Officials (ASTHO), said her organization "recognizes the value of any partnership that serves to bolster the ability of state leadership to bring all available resources to bear in protection of their populations amid emerging health threats."

Vohra, who also participates in ASTHO and noted that Illinois is additionally part of a separate HHS Great Lakes region, still appreciates the new alliance. "When the HHS regional office had almost complete reductions in force, it made us look at different ways to engage," he said. "Public health is powered by partnerships."

Still, the effectiveness of the new governors' alliance is uncertain.

"There's benefit to aligning recommendations and coming to a consensus about what makes the most sense across states," Michaud said. But states' individual needs aren't often aligned. What makes the Hawaiian people vulnerable, for instance, is vastly different than what can harm the safety of New Yorkers. Not only that, but regulatory decisions can't be made at scale. "A change in California regulations isn't something that can impact Oregon's regulations. Each state has to have its own process for implementing these changes."

Georges Benjamin, MD, the executive director of the American Public Health Association, added that "if you've seen one health department, you've seen one health department." They are often made up of distinct agencies and operate with discrete infrastructures.

At the most individual level, clinicians and patients may also pay a price when alliances like this one form.

"When clinicians, who would normally look to the CDC for guidance, now actually need to look to their state health department or to a regional group, it places a burden on them to find the right source of

information just as it places that burden on individuals who are looking for it, too," Michaud said. "When you have different sources saying different things, it creates confusion."

Temporary or Precedent Setting?

No person interviewed for this article suggested that the Governors Public Health Alliance should be anything other than a temporary initiative. All expressed the vital role federal agencies play in public health.

"You can't replicate the CDC," said Parekh, who noted its unique assets, such as surveillance systems that monitor infectious diseases. "It's critical we support the CDC's career staff and advocate for policymakers to adequately fund that agency."

Nonetheless, there is a risk that these alliances may fundamentally restructure how public health is organized in the US.

"One can imagine a Democratic president making certain changes to federal recommendations about public health, and then Republican-led states coming together to push back against that with their own alliances," Michaud said. "This could become the model where, based on partisanship, the effectiveness of the federal government to take a unified approach is permanently diminished."

Benjamin cautioned that the current administration is "destroying the existing health system to the point we'll need to completely rebuild it." Still, he said, that could provide an opportunity: "If we had a blank sheet of paper, we would design something completely different than the complicated, dysfunctional health system we have now, which is so expensive and offers such bad health outcomes that it crowds out

the ability of governors to deal with anything else."

That, he said, is the conversation public health leaders should be having in this moment: "I do believe Democratic and Republican governors might see this as a way to solve some of their collective issues." ■

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Note: Source references are available through embedded hyperlinks in the article text online.