

Expanding the political market framework to explain executive decision-making during the COVID-19 crisis

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Abstract

The traditional political market framework (PMF) argues that elected officials respond to policy demands by adopting policy that furthers their goal of reelection. However, an emerging crisis can make this approach to decision-making challenging as the immediacy of response, the needs of the public, and technical expertise may conflict with reelection goals. This conflict can encourage elected officials to engage in blame avoidance by delegating policy-making powers to the bureaucracy. Utilizing a mixed methods approach to analyze state-level governor responses to COVID-19, this paper expands the PMF by capturing the influence of bureaucratic demands on elected official decisions to delegate or transfer power to the bureaucracy. We find evidence that bureaucratic expertise, under the right set of circumstances, influences policymaker decisions to delegate policymaking power. Lastly, we advocate for a renewed focus on democratic principles and the consequences of delegation for transparency, accountability, and social equity. In understanding the specific dynamics at play when bureaucrats and executives work to develop policy in crisis, practitioners may gain a better understanding of how to navigate difficult decisions. The specific executive orders across states are not particularly well-known, and providing evidence of the steps other states took to combat the crisis may prove useful to practitioners in the emergency management space. If practitioners have a more complete understanding of why policy is made and by what mechanisms, they may apply a focus on implementation strategies that are effective and relevant.

Practitioner points

- In understanding the specific dynamics at play when bureaucrats and executives work to develop policy in crisis, practitioners may gain a better understanding of how to navigate difficult decisions.
- The specific executive orders across states are not particularly well-known, and providing evidence of the steps other states took to combat the crisis may prove useful to practitioners in the emergency management space.
- If practitioners have a more complete understanding of why policy is made and by what mechanisms, they may apply a focus on implementation strategies that are effective and relevant.

Moments of crisis, such as the COVID-19 pandemic, often invite a significant amount of urgent policy-making by elected officials. These moments may require technical expertise, the taking of political risk, and a willingness to make decisions despite uncertainty. In fact, the

expectations for elected and administrative leaders during crises often do not match the reality of the implemented actions (Boin & Hart, 2003) and to complicate matters even further, the priorities of administrative and elected officials during the crisis may clash, at times with meaningful

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implications for equity, transparency, and accountability (Hicklin et al., 2009; Scavo et al., 2008). This clash may be caused by a mismatch of either technical expertise or appetite for political risk, which may be more apparent under circumstances of increasing polarization. Despite this, there is little research that theorizes on how these two factors, which undoubtedly influence policy-making during a crisis, inform the decision-making process for executives.

While we can turn to research on the public health crises in America to guide our thinking about such an event (Nickels, 2019; Roberts, 2006), many questions remain about the motivations and processes of executive decision-making and policy choice during such crises and their implications for democracy. The political market framework (PMF) is one theoretical avenue to consider the role of community demands in shaping elected official policy preferences (Feiock & Kim, 2021). However, the PMF does not consider how bureaucratic politics or the demands of bureaucrats influence the executives preferred policy outcomes. In addition, the PMF emphasizes the influence of these factors—the elected officials' desire for reelection and the preferences of community members—on policy choices (Bae & Feiock, 2013; Deslatte et al., 2018). Typically, policy choices are thought of as policy tool choices (Yi & Feiock, 2014); however, policymakers can also decide to delegate policymaking power to avoid political risks for unpopular decisions (Bach & Wegrich, 2019).

This paper is an exploratory effort to propose a theoretical refinement of the PMF. This refinement will incorporate bureaucratic preferences as an element of demand and expand policy choices to include an executive's choice to delegate. The proposed expansion to PMF occurs in two primary ways: (1) incorporating bureaucratic demands into the demand side of the PMF, and (2) expanding the range of actions that executives can take in order to achieve their desired equilibrium. In other words, policies can be adopted by the executive or through delegation to avoid political backlash in the event that the public does not want or support that particular policy.

To that end, this paper seeks to identify potential mechanisms that may lead state executives to delegate or transfer power to state agencies via executive order. In this case, we adapted the PMF and proposed that its expansion could examine the influence of policy supply and demand factors (community and bureaucratic) that lead state-level elected officials to delegate policy-making power to appointed administrative actors. This paper conducts an initial analysis to determine the plausibility of the proposed theoretical expansion in the context of the COVID-19 public health crisis. We have conducted a mixed methods analysis that includes a quantitative analysis of executive orders adopted across all 50 states during the initial phase of the crisis and a set of comparative case studies across six states that vary in the relevant factors, derived from literature on bureaucratic politics and political markets that influence delegation decisions.

POLITICAL MARKET FRAMEWORK (PMF)

The PMF describes the choices of elected policy-makers such as governors as shaped by their desire to supply policy benefits to constituents that will generate political support for them (Feiock & Kim, 2021). The PMF connects transaction costs faced by constituency groups to the design of programs and policies (Carr, 2015; Curley, Federman, et al., 2021; Curley, Harrison, & Federman, 2021). This approach has been applied across a diverse set of sub-national policy areas such as economic development (Lubell et al., 2005; Lubell, Feiock, & Handy, 2009; Lubell, Feiock, Ramirez, & La Cruz, 2009), service delivery (Andrew, 2009), transportation (Tong et al., 2019; Zhao et al., 2021), and conservation (Curley, Federman, et al., 2021; Curley, Harrison, & Federman, 2021).

Given that policymaking during exogenous events, such as a crisis, is highly visible and potentially politically divisive, the actions of policymakers during a crisis are placed under extreme scrutiny particularly by the media (Wolfe, 2012). In instances of executive decision-making where all policy options have “high economic and social costs, crisis politics will be fraught with political conflict, delay, ...” (Walter, 2016, 842). One potential strategy for elected officials to address a politically fraught crisis without harm to their political position is to shift policymaking away from the executive and onto the technocrat (Walter, 2016). The PMF, traditionally used to apply to a decision maker's choice between policy tools or instruments (Bae & Feiock, 2013; Deslatte et al., 2018; Howlett & Ramesh, 1993; Yi & Feiock, 2014), may be expanded to inform the willingness of decision makers to transfer or delegate power to a bureaucrat.

Supply

The PMF argues that elected officials supply policies that generate support from constituents sufficient to enhance the likelihood that they will be re-elected. In this case, political resources such as votes are exchanged for the benefits that result from policy actions. However, besides electoral benefits, the elected officials need to consider costs incurred in the process of exchange (Dixit, 1998; Williamson, 1998). For example, the elected officials would consider costs incurred in the bargaining process and costs arising from the decision that deviates from their own ideological beliefs. Thus, the policy decision depends on the willingness of elected officials to supply policy support, calculating marginal costs of alternative policy choices. Factors that motivate elected official's willingness to supply include their policy preference, background and experience, and partisan ideology, and so forth. (Feiock & Kim, 2021). Recent research finds that the party identity of the governor itself is less important than the governor's perceptions of the wants of

their constituencies and interest groups (Kim & Lim, 2018). Here, we focus on policy choices, specifically the transfer of power to bureaucrat agencies, and argue that delegation decisions reflect a strategic calculation by the elected official between making policy to claim political credits and passing the responsibility of policymaking to the technocratic expert or the agency director to avoid blame.

Demands

Traditionally in the literature, the public sets the demand for public goods that will benefit them. Empirical studies demonstrated that the demographics of demanders, their socioeconomic status, and political ideology can significantly affect policy choices (Feiock et al., 2008; Hawkins 2014; Tong et al.; Zhao et al.). Demanders can express their support for officials through votes, contributions, or other instrumental political resources. The PMF views equilibrium as the point where an elected official proposes policies that are demanded by enough of the public that they will be re-elected. However, if policy decisions decrease the ability of this win-win situation, then the politician may pass the responsibility of policymaking to the technocratic expert or the agency director with the appropriate knowledge, skill, or position to make the policy happen.

Community demands

Existing literature indicated that community homogeneity, particularly homogeneity in terms of race, political ideology, and income would impact executive policy choices. For instance, residents of affluent homogeneous communities are more likely to agree on policy programs, because of a lack of social conflicts (Schneider, 1987). However, diverse communities with multiple and conflicting policy demands mitigate the credit-claiming benefits of supplying policy (Gramlich & Rubinfeld, 1982). At the state level, these demands are often considered from the perspective of voting blocs and the preferences of constituents (Barrilleaux et al., 2002). These community demands can be reflected based on the majority of party membership (Yi & Feiock, 2014), interest group pressures (Kim & Lim, 2018), and other factors related to socio-economic (SES) status (Tavares & da Cruz, 2020).

Research on the PMF has often explored elements of SES status as measures for community demand (Tavares & da Cruz, 2020). SES is often comprised of factors such as race, education, income, and so forth (Shavers, 2007). The research in sociology has made evident that race is socially constructed (Morning, 2007); more pointedly, race has meaning because it can be used to explain shared and systemic (institutional) experiences rather than genetic variations of the human condition (Smaje, 1997; Yanow, 2003).

Particularly, racial belonging has become a predominant indicator for political identity (Lluch, 2019), with Black Americans more often voting as a bloc, for Democratic candidates, than other racial and ethnic groups, and this trend continued over the past several years (White & Laird, 2020). The existence of voting blocs among racial and ethnic communities allows for community demands to be reflected in the PMF by leveraging measures of diversity within geographic boundaries. Therefore, responding to community demands from Black Americans is highly likely to be a priority of political decision-makers in racially diverse areas.

Bureaucratic demands

PMF indicates demanders also include other interests who seek to secure favorable outcomes in the political arena (Feiock & Kim, 2021). This study expands demanders to include bureaucracies. The literature on bureaucratic politics speaks to the potential for bureaucrats to demand public goods from executives as well. The bureaucratic politics literature suggests bureaucrats will try to exercise influence where they can, but they may be limited by the scope of their responsibilities and the particulars of their position. However, within their specific area of expertise, they may be able to exert more pressure against political actors to promote the preferred course of action for themselves and their agency (Allison & Zelikow, 1971; Brower & Abolafia, 1997). Professional expertise becomes especially salient in the uncertainty of a crisis situation and is the most likely tool wielded by the bureaucracy. As executives and administrators react quickly to the ongoing crisis, administrative representatives at the “table” of the governor are tasked with exercising their power, through the processes of horse-trading, bargaining, and cooperation, to best represent their agency, and the values and interests that the agency possesses.

When the “actors are around the table”, so to speak, the goals of appointed officials, elected politicians, party-line officials, and technical experts may align in some ways while varying in others (Fox, 1974). While administrators and bureaucrats tend to focus explicitly on available resources and how they might be allocated, politicians understandably are more concerned with issues such as reelection, their own and their party’s agendas, or the political capital they may have to expend (Lipsky, 1980; Meier et al., 1991). It remains unclear how bureaucracy demands together with community demands affect delegation decisions. This study expands the traditional PMF by adding an additional layer of demands from bureaucracy (Figure 1) and argues that the delegation decisions can be viewed as a product of the exchange process between policy suppliers and constituencies and bureaucratic demanders.

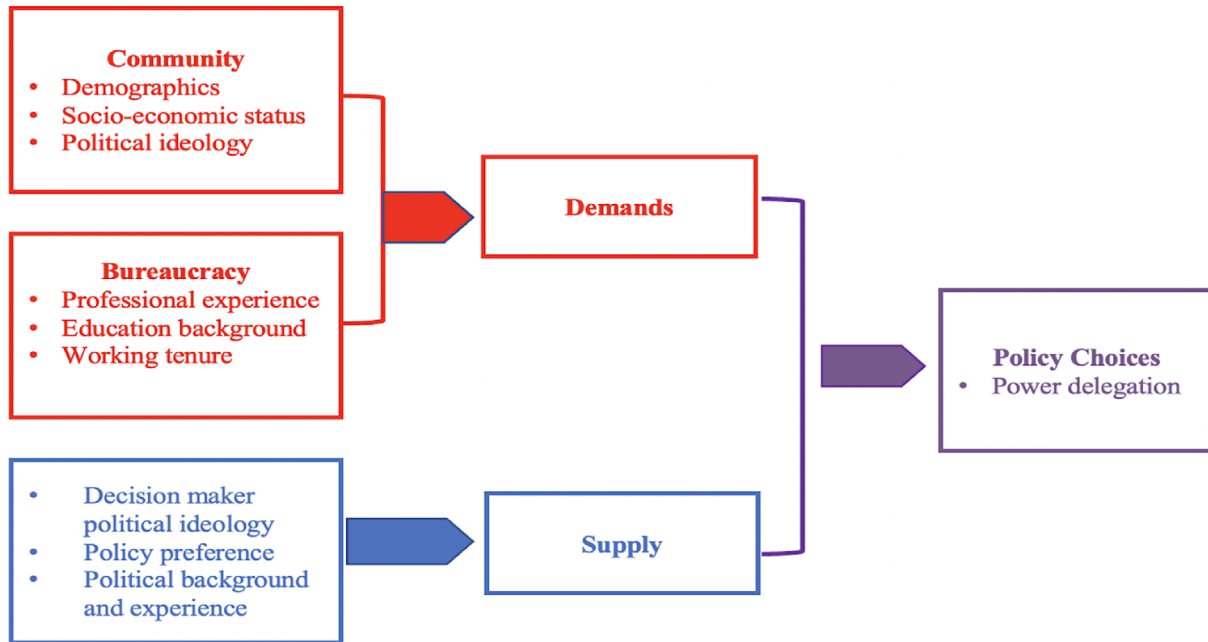


FIGURE 1 Expanded political market framework for political power delegation.

POLICY CHOICES

Typically, the PMF emphasizes the choices that executives make related to policy elements. Feiock and Kim (2021) identify a list of different policy choices that executives may make based on the demands of their constituency. These largely include elements of policy design features, such as targets, tools, the size of benefits and burdens, application processes, transparency, marketing, and so forth. (Siddiki & Curley, 2022). Given that the private interests of the demanders (i.e., public and bureaucrats) often influence their preferred policy design, demanders can express their interests through numerous formal institutions such as voting, campaign contributions, to informal access points such as phone calls and letter writing. One policy design choice not included in the recent PMF discussions is the decision for those in power to engage in the delegation (Feiock & Kim, 2021).

Delegation is largely discussed as the act of offering administrative agencies policy discretion (Palus & Yackee, 2016). Traditional delegation studies assumed there is a preference alignment between administrative agencies and elected executives (Epstein & O'Halloran, 1996; Volden, 2002). The “ally principle” suggests that delegation may be more likely to occur when the partisanship of the administrative actors and the executive or legislative policy makers align. (Lavertu & Weimer, 2009). However, Palus and Yackee (2016) demonstrate the existence of an “anti-ally principle” which suggests that administrative officials perceive less discretion when there is political alignment between the executive or legislature and the administrator. While both of these principles argue that delegation is motivated by giving administrators discretion there are alternative arguments for motivating delegation decisions. An

alternative argument explaining delegation is that discretion increases when there is a need for bureaucratic expertise (Bawn, 1995). Bureaucratic expertise becomes more valuable when the policy problems are more complex (Bawn, 1995; Epstein & O'Halloran, 1996). A third perspective on delegation can stem from Stone's (2002) policy paradox where delegation may enable contradictory beliefs of policy makers to be simultaneously held and acted upon through policy. The policy choices of political actors may face divergent pressures from the community and their political affiliation, which allows delegation to become a viable political choice.

These arguments around delegation decisions have been used to suggest that elected officials choose delegation in an effort to limit political uncertainty that emerges from pursuing a specific policy outcome (Bendor & Meirowitz, 2004). This is consistent with literature on blame avoidance (Bach & Wegrich, 2019), which suggests that delegation decisions can help to diffuse responsibility for failed policy or risky policy choices (Bartling & Fischbacher, 2012). In the context of the PMF, it is likely that policymakers may only need to shift blame, if constituency demand does not align with the policy options that the policymaker is interested in enacting. Similarly, credit taking—the act of a politician claiming policy when it is well received—is a common phenomenon that is utilized to describe policy maker motives and behaviors (Leong & Howlett, 2017). The public choice perspective on policy makers suggests that as rational actors, they seek in their self-interest to engage in activities that enhance their ability to be re-elected (credit-taking) and avoid risk taking that may limit their ability to do so (blame avoidance) (Hood, 2002). While the traditional approach to choices in the PMF has focused primarily on the executive's decision-making, the executive can choose

to delegate power to the bureaucrat in an effort to curb political risks or uncertainty.

EXECUTIVE DECISION-MAKING DURING CRISIS

Crises have been described in a myriad of ways including natural and man-made (Samal et al., 2005), or as political, economic, leadership, and environmental (Farazmand, 2007), alternatively accident or incident (Schoff, 2004). There are a series of factors that contribute to the severity of a crisis: inadequate government capacity, threats to structures and values, psychological stress, and the predictability of the event (Putra, 2009). Hart and Boin (2001) would argue that COVID-19 is a slow-burning crisis, or rather one in which the problem slowly crept into existence and has remained a central focus of policymaking for an extended period of time. We see in the case of COVID-19 that the elongated time horizon of the emergency has strained decision-makers creating political pushback from the electorate (Grossman et al., 2020). These types of crises often fade from view, rather than end. This is the nature of the pandemic becoming endemic, we will continue to hear about it, but it will eventually be overshadowed by other emerging crises. However, this does not mean that the policies created to combat it will cease to be relevant.

Crisis management often requires collaborative implementation and policymaking (Persson & Granberg, 2021). Further, in many cases, the policymaking around a particular crisis is often conducted within the context of short “policy windows”, as the issue can demand attention and resources that might normally be placed elsewhere (Birkland, 1997; Henstra, 2010). We also know that the type, media coverage, and nature of the political actors involved can also influence how and when policy is created to deal with a particular crisis (Birkland, 1996). The longer a crisis requires managing, the more likely it can gain salience politically, resulting in increasing conflict among policymakers (Paquet & Schertzer, 2020).

The goal of policy-making during a crisis includes “containing threats, minimizing damage, and restoring order and stability” (Weible et al., 2020, 236). Despite this, the policy-making process may also be influenced by political choices, which are used to “play up or down the importance, unacceptability, and urgency of the events” (Hart & Boin, 2001, 29). Hart and Boin use this language to argue for the existence of two perspectives related to the study of crisis: Managerial and Political. The nature of the COVID-19 pandemic has been highly politicized through various leaders’ messaging related to the urgency of the crisis. This focus on the urgency and uncertainty in the crisis “tend[s] to magnify the role of leaders, giving them leeway to make decisions with wide-ranging consequences” (Lipsy, 2020, 115).

The COVID-19 pandemic has lasted longer than many crisis events, which echoes the ideas posited in crisis management research, that longer crises gain political salience and can result in conflict. Research has provided clear and demonstrated evidence that pandemic policies are politicized. One example is the issuance of stay-at-home orders, among Democratic governors and mayors, these were adopted earlier, for longer, and with more stringent policy responses than those adopted by Republican policy leaders (Baccini & Brodeur, 2021; Brodeur et al., 2021; Djulbegovic et al., 2020). The COVID-19 pandemic was polarized across party affiliations in March of 2020 (Kerr et al. 2021). This conflictual policy-making environment is a result of the disparate demands of the various factions, including political and administrative actors, but it is no less critical to understand the result of such conflicted processes.

This particular crisis was rife with uncertainty about the virus and the political risks, as politicians in particular appeared unprepared to deal with the competing consequences of increasing hospitalizations, potential economic downturns, and growing death tolls. These competing pressures and the extraordinary uncertainty prompted state governors to enact long-lasting emergency periods and hold emergency powers in a way that was previously unseen. These executive orders were adopted with extreme urgency and limited policy choices, including coercive measures. These types of policy choices are traditionally viewed as politically risky (Salamon 2002); however, the public health emergency requires scientific expertise to understand the nature of the virus, its infectiousness, the risks of severe disease, and so forth. (Weible et al., 2020). Each state has a public agency that is responsible for administering public health policy. These are typically led by an appointed official who has some degree of expertise overseeing the range of responsibilities present within the office. This need for scientific expertise can give bureaucrats room to bargain for power, while the uncertainty of public demands and associated risks make delegation more appealing.

The COVID-19 pandemic has been fueled by polarized opinions and beliefs in how best to address the crisis, political self-interest may be utilized to make difficult decisions by elected officials (Curley & Federman, 2020; Curley, Harrison & Federman, 2021). The simultaneous existence of political, technocratic expertise, and immediacy make the COVID-19 pandemic a compelling case in which to explore the political environmental factors that may influence executives to delegate decision-making power to bureaucrats. As the COVID-19 pandemic has been the first widespread, quickly-paced, long-term disaster in modern history, it offers an opportunity to explore the executive decision-making, during crisis, of all 50 U.S. governors.

Given the potential interactions between the literatures on political market and bureaucratic politics, we recognize that interactions between these literatures may not be fully unpacked. However, we raise the following as

propositions for the impact that the interactions posed here may have on decision-making: (1) Policy makers may seek to avoid blame by delegating significant decision-making power to administrators when political risks are known to be high and the bureaucrats have significant expertise; (2) Policy makers may seek to simultaneously credit take and engage in blame avoidance by strategically delegating risky policymaking to administrators, particularly when political risks are uncertain and the bureaucrats have specific expertise; (3) Policy makers with clearly known political risks are not likely to delegate regardless of bureaucratic expertise. These propositions have the ability to simultaneously exist under different political conditions and contexts. It may be that some decisions by specific actors are more or less risky than others, which may activate or limit the scope of applicability of the propositions offered here.

APPLYING THE THEORY TO THE CASE OF COVID-19

As discussed more thoroughly in Appendix A, we conduct a mixed methods analysis, utilizing executive orders during the initial wave of the COVID-19 crisis, derived from state websites, to identify delegation choices and connect this with data from the census, Gallup poll, and web searches on the background of the bureaucrats. The coding of these executive orders was done utilizing multiple coding passes by at least two coders, to better ensure inter-rater reliability. This was done across all 50 states to empirically explore delegation decisions using multinomial logits. Given the limited sample size, we pair this work with comparative case studies that are fully explored in Appendix B. The remainder of this section operationalizes the theory and walks through the analysis.

Community demand operationalization

In order to explore the demand side function of the PMF we examine factors related to public and bureaucratic preferences. Public demand is largely a function of the percentage of individuals registered with the Democratic or Republican parties and racial heterogeneity. During the COVID-19 crisis there was growing evidence that marginalized communities were more heavily impacted in terms of public health outcomes (Lo et al. 2022), specifically Black Americans have faced some of the largest losses as a result of COVID-19 (Polyakova et al., 2021). This means that the policy preferences among the black community may be both more politically salient and more socially pressing for decision makers. In addition, given that Black Americans are more likely to vote as a bloc, and for Democratic candidates, than other racial and ethnic groups, these operationalization approaches give us a sense of community homogeneity which implies the level of political uncertainty

and costs for governors to supply policy choices that align with community preference.

Bureaucratic demand operationalization

In order to explore the bureaucratic preferences, we need to better understand their professional and appointment background. Therefore, we conduct a detailed search of each state's public health director, or equivalent, to identify their educational background and their appointment history. We operationalize these variables as preferred expertise, meaning any director with a medical background and degree in public health receives a value of two while anyone with either an MD or MPH receives a value of one, and everyone else receives a value of zero. The appointment variable is equal to 1 if the acting governor was responsible for appointing the current director. Some states have a committee that appoints the director of public health, this is captured as a zero; similarly, if a previous governor appointed the director of public health would receive a value of zero. Lastly, we measure the longevity of the bureaucrat in their current position, labeled as years of experience. Table B2 also provides information related to the educational backgrounds of state health directors.

Supply-side operationalization

While the demand function matters, the supply preferences are also important. The governor has the potential to make policies that are motivated by their own private interests and the interests of their constituents to pursue reelection. Therefore, we operationalize policy supply with three variables, (1) the governor's political party (Republican or Democrats); (2) their eligibility for and the number of years until their reelection. This means that if the governors are actively up for reelection in 2020, they receive a score of one, and an additional point for every year until their reelection. If governors are no longer eligible for reelection, they are given the same score as the group least worried about the immediacy of reelection, in this case, a value of 4; (3) political competitiveness of a state (measured by Gallup Poll). We utilize Gallup Poll data (Gallup, 2017) from 2017 to get a sense of state party affiliation and political competitiveness of elections within the states. The Gallup Poll classifies states as Solid Dem. or Rep. which means that the identified party has a 10-point advantage over the other party, Leans Dem. or Rep. has a 5–9-point advantage over the other party, and Competitive states are within five points of one another. As government measures to COVID-19 are politically polarized, this operationalization approach gives us a sense of what types of policy the public may prefer in response to COVID-19, which motivates governors to supply specific policy decisions.

Operationalizing delegation as policy choice

The act of delegation by executives can occur based on levels rather than a purely binary choice. Delegation has been of long-standing interest, with recent scholarship pointing out the need to identify “the degree to which agency officials are either delegated a great deal of policy discretion, or a limited amount, to pursue policy-related decision-making” (Palus & Yackee, 2016, 693). While some states chose not to delegate at all, there are two types of delegatory approaches that emerge in the data. Across the 50 states, there were 34 states who kept centralized power and only issued orders expressly through the governor’s office retaining executive power. However, from the other 16 states, most orders issued by non-governors were signed into effect by a public health director or similar position (143 orders). More information on the coding process can be found in Appendix A.

To explore whether the mixed responses represented different policy strategies we tested to see what types of order differences existed across the two categories. We find that the rate of orders that include suspensions is similar regardless of the strategy. This suggests that these rule suspensions while necessary may not have had political motives or variation. However, we do find that the number of restrictions states adopt between governor only and mixed responses are significantly different, and states that have a centralized response appear to adopt more restrictions than states that delegate power to the agency. In addition, we wanted to check that the mixed response of governor and agency were significant in that states who had agencies adopting orders were significantly different in the types of governors-based responses. We see here that in the governor-only case, governors adopted a mean of 47 orders, while states that engaged in a mixed response had much less governor activity with a mean of 25 orders. Table 1 below provides a summary of our t-test analysis exploring the differences between these approaches to policymaking.

Given that there appear to be different policy responses (i.e., restrictions and suspensions), we wanted to see if the states with a mixed governor and agency responses had a similar breakdown of their restrictions and suspensions. Table 2 below provides insight into the relationship between competitive politics and policy response strategies that the states take. There are only two states Massachusetts and Missouri that have more agency suspensions than governor suspensions. Given that we find no statistically significant differences between the groups in suspensions, we base our breakdown on restrictions which, as discussed above, may be considered more politically risky for governors with a conservative electorate.

Table 2 above makes it relatively clear that delegation is perhaps systematically different. Therefore, we treat delegation as follows: zero represents instances where governors held the sole responsibility of policymaking; one represents an instance where the governor holds

TABLE 1 T-test for significant differences between executive decision-making strategies.

	Gov only	Agency & Gov	Combined mean	Statistically significant difference?
Total # restrictions	27.14706	19.4375	24.68	$\Pr(T > t) = 0.0235$
Total # suspensions	19.88235	18.4375	19.42	No
Total # governor	47.02941	25.375	40.1	$\Pr(T > t) = 0.0044$

TABLE 2 Breakdown of politics & restriction strategy.

	More governor restrictions	Same or more agency restrictions
Democratic governor	CA, CO, HI, KY, NM, PA	WI
Republican governor	MA, FL, TX, WV	AL, ID*, OH, MO WY

Note: Solid Dem, Leans Dem, Competitive, Leans Rep, Solid Rep.
Note: ID* same level of governor and agency.

primary restriction-based policymaking; two represents an instance where the agency has equal or more restriction-based policymaking during the initial wave of the COVID-19 crisis. Utilizing the COVID-19 case context and the expanded PMF proposed above, we refine our propositions into case-based expectations as follows:

Case Expectation 1. Governors in politically competitive states with large Republican constituencies and bureaucrats with expertise are more likely, to delegate high levels of policy-making power to their bureaucrats (avoid blame).

Case Expectation 2. Governors in politically competitive states with large Democratic constituencies and bureaucrats with expertise are more likely to delegate politically risky items but retain primary policymaking (credit take & avoid blame).

Case Expectation 3. Governors in non-competitive states with shared policy preferences across public and bureaucrats are more likely, in the initial state of the crisis, to retain policy-making powers (credit take).

As a result of the analysis discussed above, we chose to utilize a multinomial logit approach with our dependent variable of delegation measures as 0-no delegation, 1-minimal delegation to agency, 2-more extensive delegation. In addition, we utilize the variables presented in Table 3 below to represent our hypotheses. We perform 4 different models based on the primary theories discussed in this paper. These models are described in the following paragraph.

Given that we have a small sample size (the population of available U.S. states) we are limited in our analytic approaches. The typical rule of thumb for multinomial logits is to have at least 10 observations for each included independent variable (Schwab, 2002). This means that we are limited to roughly five independent variables in each of our individual models. Therefore, we test four separate models. Model 1 focuses on the public or community

demands and includes the political leaning of the public, and the racial homogeneity of the state residents (% population Black). Model 2 includes bureaucratic demand variables, such as the expertise of the public health director (0-any education background, 1- either MD or MPH, 2- MPH & MD), years of experience the public director has, and an indicator as to whether the director was appointed by a different governor (0-same governor, 1-previous governor). Model 3 includes supply-side variables, such as the years until the governor is up for reelection, their political ideology, and the competitiveness of the political environment. Model 4 is the integrated model which incorporates elements from each of the previous models to explore potential interactive effects.

Table 4 above depicts the results from our empirical analysis. The public demand model (Model 1) demonstrates the idea that delegation decisions are largely determined by political ideology and public demands. The model suggests that in states with higher levels of registered Democrats, governors are more likely to delegate limited powers (delegation = 1), while level two (delegation = 2) appears to suggest that states with more Democrats are less likely than Republican states to delegate to a large degree. Interestingly, states that have a larger degree of the population identifying as a black American in the census, the less likely there is to be a

TABLE 3 Summary statistics.

VARIABLES	(1) N	(2) Mean	(3) SD	(4) Min	(5) Max
% Population Black	50	10.83	9.781	0.300	37.80
The proportion of state employees	50	97.34	36.80	46	245
% Registered democrat	50	42.04	7.174	27	57
Politically competitive state	50	0.300	0.463	0	1
Years until Gov. reelection	50	1.580	0.906	0	3
Appointed by different governor	50	0.180	0.388	0	1
Tenure of director	50	2.990	5.219	0.100	37.10
Experience of director	50	.84	.7384	0	2
Executive delegation level	50	0.440	0.705	0	2

TABLE 4 Multinomial logit models explaining the level of executive delegation.

VARIABLES		Model 1: public demand	Model 2: bureaucrat demand	Model 3: supply preference	Model 4: integrated model
Level 1	% Registered democrats	0.103* (0.0614)			0.221* (0.123)
	% pop. ID as Black	-8.531 (5.610)			-10.93* (6.374)
	Relevant education		-0.621 (1.158)		0.209 (1.365)
	Years of experience		-0.0962 (0.211)		-0.196 (0.250)
	Appointed different governor		-0.504 (1.213)		
	Governor party democrat			0.532 (0.773)	
	Election pending			0.0883 (0.289)	
	Politically competitive			1.275* (0.770)	2.464** (1.233)
	Constant	-4.982* (2.744)	-0.823 (0.571)	-2.173** (0.927)	-10.59* (5.895)
	Level 2	% Registered democrats	-0.147* (0.0821)		
% pop. ID as Black		0.443 (4.761)			-9.160 (7.370)
Relevant education			0.952 (1.016)		3.195* (1.865)
Years of experience			-0.434 (0.367)		-0.500 (0.384)
Appointed different governor			0.470 (1.340)		
Governor party democrat				-1.521 (1.161)	
Election pending				-0.241 (0.359)	
Politically competitive				0.173 (1.007)	1.373 (1.368)
Constant		3.930 (2.933)	-1.154 (0.775)	-0.838 (0.915)	7.896* (4.253)
Pseudo R-squared		0.1344	0.0505	0.0784	0.2853
Observations	50	50	50	50	

Note: Level 0 state does not delegate is the baseline.

Note: Standard errors in parentheses.

* $p < .1$; ** $p < .05$; *** $p < .01$.

TABLE 5 Quantitative analysis summary.

P3 = No delegation (Delegation = 0) as reference group	Public demand	Bureaucratic demand	Supply side preferences	Integrated model
P1: Avoid blame, delegate primary decision-making power (Delegation = 2)	Less likely with larger democratic constituencies (more likely under Republican constituencies)	Does not influence delegation decisions	Does not influence delegation	Public demand remains; Relevant expertise of the bureaucrat increases the likelihood of delegation
P2: Credit take & blame avoidance, strategically delegate specific powers (Delegation = 1)	More likely with larger democratic constituencies	Does not influence delegation decisions	Politically competitive environments make strategic delegation more likely	Public demand & supply side remain; Increases in racial heterogeneity suggests delegation less likely

delegation. The bureaucrat demand model (Model 2) suggests that bureaucratic education, experience, and appointment do not appear to influence delegation decisions. Interestingly we see evidence that politically competitive environments (the supply model or Model 3) might influence the delegation decisions of executives.

However, the integrated model (Model 4) suggests that this story may be slightly more complicated than we might anticipate. More pointedly, there are potential interaction effects between these different aspects of demand. It appears that the relevant education (MPH/MD) becomes significant and is more likely to lead to increased delegation. Another way to consider this, the level one (delegation = 1) interpretation remains consistent; however, level two (delegation = 2) suggests that states who appear to delegate more powers to the state agency director have fewer registered Democrats, and also appear to have directors who have the appropriate medical and public health backgrounds necessary to address the COVID-19 crisis.

Revisiting our case expectations, we find that governors with Republican constituencies and bureaucratic expertise are likely to delegate policy-making power to their bureaucrats. This can be associated with a preference to avoid blame for politically risky policy choices (case expectation one). We also find some support for case expectation two, that governors with Democratic constituencies appear to delegate high-risk items, but retain primary policy-making power. However, case expectation two does not have support for influence by the bureaucratic demand. Our analysis suggests that governors, in non-politically competitive environments tend to refrain from delegation. This means that we have moderate support for case expectation three, although additional research should be conducted to confirm these findings.

Our results also suggest that in politically competitive states with a less Democratic electorate, the presence of a bureaucrat with relevant education appears to increase the strategic delegation of powers for politically risky policies (like a mask mandate). Governors in more politically competitive environments, with fewer registered democrats,

appear to transfer COVID-19 restriction policy-making to the bureaucrat, particularly when that bureaucrat has relevant expertise. Table 5 below offers a quick guide for interpreting the results offered in this paper.

The quantitative analysis in this paper offers insight into overarching trends; however, the limited sample size of our models makes the ability to draw inference limited. Therefore, we have paired our quantitative analysis with the comparative case studies described below.

QUALITATIVE CASE STUDIES

One of the recommended approaches to understanding decision-making during COVID-19 has been to utilize comparative case studies (Altiparmakis et al., 2021). Therefore, we pair our quantitative analysis with six case studies; readers can find a more detailed description of each case in Appendix B and Table B1. The case studies give us a deeper look into executives' choices to delegate and the content of the decisions made by those who were given powers. This comparative analysis, facilitated through case studies, is a useful way to build theory and understand the particular dynamics behind the individual choices at play in these scenarios. Further, we know that case studies are underutilized as data to understand the details of political decision-making in specific and bounded instances, particularly as pertaining to descriptive work such as this (Gerring, 2004).

In choosing our cases, we consider only states in which some amount of delegation has occurred (see Table 2). We select three cases from each level of delegation (delegation level 1- Pennsylvania, West Virginia, Kentucky; delegation level 2- Ohio, Wisconsin, Missouri). From there, we wanted to ensure that there were some variations in appointed bureaucrats (MO director appointed by the previous governor), and the speed at that governors responded to the crisis (OH and WV governors declared emergencies prior to confirmed cases). In addition, there is variation in our cases in terms of their unified (Missouri, Ohio, West Virginia) or divided (Pennsylvania, Wisconsin, Kentucky) state governments.

Informing the inclusion of bureaucratic demands from our cases

Wisconsin, Ohio, and Missouri all have more restrictions adopted by state public health offices than by their respective state governors. Such a correlation would appear to suggest the influence of expertise, but a deeper dive reveals that those expectations are not consistent with the reality on the ground. Ohio's Acton is perhaps the most qualified of the bureaucrats, as a medical doctor who also holds a master's in public health— interestingly, she was also a registered Democrat under a Republican governor. However, these qualifications are not consistent across all of the bureaucrats granted policy-making power. Wisconsin's Andrea Palm holds a master's in social work, with her main qualifications for the job appearing to come from her political connections within the Democratic party. Missouri's director of public health, Randall Williams, holds a medical degree but lacks much substantive experience and also would appear to be qualified primarily on political grounds. Kentucky and Pennsylvania's directors both hold a medical degree with some background in public health, while West Virginia's director is not a medical doctor, but holds a master's in public health. Similar to what our quantitative analysis shows, it would appear that the difference across levels of delegation is not motivated solely by the expertise of the individual present in the director role.

The health directors of West Virginia, Pennsylvania, and Missouri had all been in office for approximately 3 years in March of 2020. Comparatively, those of Wisconsin and Ohio had been in office for approximately 1 year, and the health director of Kentucky was only a month into his tenure. It would stand to reason that Stack of Kentucky was therefore charged with some of the least substantive responsibility, issuing few orders. However, while the health directors of Pennsylvania and Missouri had significant responsibilities, the director in Wisconsin did as well, while the director in West Virginia only issued a single order through his deputy. This would suggest that tenure is partially relevant, at least in these cases, but with some meaningful outliers. It is also worth noting here that Williams of Missouri, the sole holdover from a previous administration (also led by a Republican), was tasked with a significant amount of responsibility, suggesting that specific political loyalties, at least in this case, were less relevant.

Informing community demands from our cases

Community demand played out differently across each case. Taking the states of Pennsylvania and Wisconsin as an example, their governors and health department directors were Democrats. Though the number of orders delegated by governors in these two states was similar, the

type of delegated order varied. The state of Wisconsin delegated more rules on COVID-19 closure, but the Pennsylvania governor chose to delegate decision-making power more strategically. These two states, among all six states, had the highest education level (% bachelor's degree), average income, and democratic voters. However, the state of Pennsylvania appeared to have higher racial diversity (% of black).

The states of Ohio and Missouri were led by Republican governors. Governors delegated more orders to the health departments, and the state of Missouri delegated the highest number of orders to its health department director in the same political party. It is important to note that the percentage of Black residents in the state was not necessarily correlated with the percentage of the population that were registered Democrats. Ohio and Missouri had the highest % Black population, while the average/lower percentage of registered Democrats. This suggests that both elements of community demand, as operationalized in this paper, are important independent factors and worthy of consideration. In addition, the state of Missouri had a larger proportion of state employees and a relatively higher level of education.

In the states of Kentucky and West Virginia, governors retained a fair amount of power when they adopted the majority of restrictions. The state of West Virginia has the least number of orders delegated. These two states have the lowest level of education, average income, and racial diversity, but the largest number of state employees.

Informing policy choices from our cases

Given the divided nature of government in Pennsylvania, Kentucky, and Wisconsin, we might expect that they would delegate decision-making power to the director of public health. Knowing that they are Democratic governors in politically competitive states, they may want to limit the number of executive orders they implement that are viewed as politically risky. We see that in Pennsylvania, Gov. Wolf passed most orders, but gave Levine the ability to adopt stay-at-home orders for counties in the midst of an outbreak. The state legislature has been held by Republicans since 2010. In Kentucky, Stack was given the power to adopt gathering bans and social distancing guidelines which have been criticized by Republican policy makers. In Wisconsin, we see very clearly that the Governor delegates all politically risky policies to the state agency. Despite the appearance of some delegation across these three states, Pennsylvania and Kentucky's governors retained a fair amount of power when they adopted the majority of restrictions, while Wisconsin behaved similarly to Ohio.

Missouri, Ohio, and West Virginia have unified Republican governments. Ohio is a bit of an outlier as the Governor took a very aggressive and some might argue, liberal, policy approach to addressing the COVID-19

TABLE 6 Summarizing the findings from the mixed methods approach.

Proposition	Quantitative	Qualitative
P1: Avoid blame, delegate primary decision-making power (Delegation = 2)	Under conditions of politically competitive environments, public and bureaucratic demands increase the likelihood of policy-making delegation	Demonstrates discretion is given across different levels of expertise and suggests that bureaucratic expertise may be leveraged to overcome political differences
P2: Credit take & blame avoidance, strategically delegate specific powers (Delegation = 1)	Community demands are very relevant and more influential than bureaucratic demands.	Governor's retaining primary decision-making power appears to select more politically risky items to delegate

pandemic. The transfer of power enabled Ohio's Acton to utilize their substantive expertise and adopt fairly restrictive policy with very quick speed. Similarly, Missouri's public health director was given restriction power to adopt the politically unpopular policy. West Virginia falls into the category of barely delegating—only one particular policy was delegated to the public health office and it was not a politically risky policy. Overall, in these six states, five states delegated the stay-at-home order regardless of governors' political party.

Patterns of evidence from case studies

In our qualitative cases, we see some evidence that governors retaining decision-making power (Pennsylvania, Kentucky, West Virginia) may be influenced by community demands. We see similar levels of political, racial make-up, education, and average income in Kentucky and West Virginia. Despite retaining primary decision-making authority, the governors of Pennsylvania and Kentucky both delegated more politically risky items to the director of public health. Pennsylvania and Kentucky have more politically competitive environments than West Virginia which may have led to this politically strategic delegation (see Table B2). Pennsylvania, Kentucky, and West Virginia health directors all have some form of relevant experience, with Pennsylvania and Kentucky directors having an MD, while West Virginia's director holds an MPH. Although similarly qualified with relevant expertise, West Virginia and Pennsylvania's director had been in office for 3 years, while Kentucky's director had only served for 1 month prior to the pandemic. What we can see through these cases is the important role for politically competitive environments in strategic delegation decisions (delegation = 1).

The governors of Ohio, Wisconsin, and Missouri delegated more power to the public health director and largely limited their involvement in policy-making compared to other states. Similarly to states that are selectively delegated, we see politically risky items being delegated. The governors of these states also saw additional closures of the economy, beyond schools, as more politically risky. This meant that the governors delegated

decisions for closures of gyms, salons, restaurants, gathering bans, and travel quarantines. Ohio and Missouri, which are more similar in terms of the political environment, also share more similar community demands across race, average income, and education levels. The state of Ohio has split party affiliation between the governor and the director; however, Ohio's director has the most relevant expertise of all of our cases, holding an MD and MPH. Wisconsin's director has an unrelated graduate degree. Both directors of Wisconsin and Ohio had served roughly 1 year before the pandemic. Missouri's director has an MD and had the most experience in their position before the start of the pandemic. All three of these directors were given significant decision-making power, despite their various experiences. However, what we see is that there may be unique instances (OH) in which significant expertise to address a crisis may encourage delegation despite differences in political and policy preferences between the director and governor. This has the potential to put the governor at risk of political backlash from granting discretion to an actor with different political motives.

DISCUSSION

These findings suggest that bureaucratic demands may influence the decisions of executives when there is a political risk of action, but a demonstrated need for action. Table 6 below offers insight into what we have learned across the quantitative and qualitative elements of this paper. Specifically, the results and cases of this paper suggest that bureaucratic preferences, during a crisis, influence the policymaking decisions of executives. This appears to hold true during a crisis where technocratic skill and knowledge are key and policy decisions are highly politicized, such as the COVID-19 pandemic. While the dynamics of the PMF suggest that community or public demands influence executive policy choices, it appears that bureaucratic preferences may influence decisions regarding delegation. This suggests that the PMF may have the insight to offer related to the transfer of power from one entity to the other. This paper's findings raise a series of important questions about accountability,

transparency, and policy-making that should be explored in future research.

From our case exploration, we were able to demonstrate mild support for both of our propositions. Table 6 offers an overview of what each method contributed in terms of evidence that these propositions are justifiable. Specifically, our first proposition suggested that politically elected policy makers may avoid blame by delegating decision-making power to administrators, especially when political risks are known to be high and the bureaucrats have significant expertise. We find evidence through our exploration that in politically competitive (risky) environments both community and bureaucratic demands increase the likelihood of delegation. Specifically, we see that large amounts of policy-making discretion are given to bureaucrats with varied expertise, but that increasing levels of expertise may be able to overcome political differences between the policy maker and the bureaucrat. Our second proposition argues that policy makers may simultaneously attempt to take credit and limit blame avoidance by strategically delegating risky policymaking to administrators, especially when bureaucrats have specific expertise and political risks are high. We find more support for the argument that community demands are more influential than bureaucratic expertise when it comes to the strategic delegation of politically risky items.

These findings, cautiously, suggest that the role of the bureaucrat and their expertise is important in determining how much delegation occurs in politically risky environments. While the quantitative and qualitative analysis is limited in contextual application and sample size, both seem to suggest that bureaucratic expertise may play a significantly important role in determining how policy-makers delegate in light of community demands. This raises a series of important questions for future research, beyond asking how these findings hold up in additional contexts, crises, institutional arrangements, and policy domains. Most notably, this research raises questions regarding the role of bureaucratic demands and their sensitivity to community and public pressure, how bureaucratic demands might be shaped or influenced by education and relevant expertise, and the perceived legitimacy of bureaucrats as policymakers and experts on policy issues. This also raises questions as to how we can capture variation in the perception of political risk based on delegation decisions, and the legitimacy of governor's decisions to delegate. While we do not have answers to this series of questions, we do hope that this paper provides an opportunity for exploring these important and timely questions. This is particularly relevant as recent research by Federman and Curley (2022) explores the pushback that emerged in some states based on delegation decisions by governors, particularly the differences in styles and strength of pushback from local governments and state legislatures, and conflicts between legislative and bureaucratic officials.

CONCLUSION

In this paper, we utilize a mixed methods approach to understand the external factors that influence the delegation decisions of executives, particularly from a political markets approach that incorporates the preferences of bureaucrats. We find that political markets are the primary mechanism that enables delegation choices; however, executives making politically risky policy decisions may lean more on delegation when the bureaucratic expertise is a strong fit for the particular crisis at hand. These findings are limited by the sample size in our population. Since our sample size utilizes a cross-section depiction of the initial COVID-19 response across the 50 states, we are limited in the number of independent variables we can include in our models. This research may be expanded in the future by looking at more granular decisions to delegate, based on executive order rather than aggregating delegation choices to the state level. In addition, our case comparisons only include 6 out of 50 cases, which limits their representativeness. This aspect of the research may be expanded in the future to compare with states that chose not to delegate. Lastly, while the theory presented here is likely generalizable during other crises, the empirical results here are limited in terms of their generalizability to other emerging crises.

Despite these limitations, this paper raises several questions that are theoretically relevant to the study of both political markets and bureaucratic demand. Including, a deeper exploration into other theories that might inform the political markets framework and the consequences of the political market on executive decision-making. One such avenue is the exploration of antecedents to bureaucratic preferences and their role in formal policymaking during the COVID-19 crisis. Beyond this, there are also questions raised related to the relevance of education and professional experience among bureaucrats and decision-makers themselves. In addition, the interactive natures of these theories also require discussions around the constitutional appropriateness of delegating policy-making powers to bureaucrats. Even in instances where it is constitutionally allowed, the consequences of delegation decisions on factors such as accountability, social equity, and conflict need exploration. Regarding the implications for accountability and transparency, delegation may limit the ability of the public to clearly attribute credit and blame to policy actors. It also raises concerns regarding the ability of delegated decision-making to carefully consider efficiency and equity in its decision-making. Delegation has been viewed as enhancing regulatory negotiation, which is meant to increase stakeholder involvement in the rulemaking process; however, this has been viewed as a potential hindrance to the pursuit of equity (Langbein, 2002). Despite this, participatory rulemaking, which requires delegation to the bureaucracy, has been associated with potentially increasing the perception of equitable outcomes, but in fact, worsening equity outcomes

(Trochmann & B., 2020). This means that the consequences of delegation may be more widespread than limiting accountability and transparency.

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APPENDIX A: CODING PROCESS AND METHODOLOGICAL BACKGROUND

The initial coding process included the pasting of verbatim text from the executive orders into columns that reflected a category of what was commonly discussed policy issues at the time of coding. Given the unprecedented nature of this event and to facilitate a timely analysis of this emerging data, the coding is conducted with multiple raters using an inductive and iterative approach to create categories based on the content of the orders being coded. The reading of these executive orders led to the inclusion of items that addressed other aspects of government activity including the suspension of bureaucratic operational rules (i.e., licensing requirements/procedures, rules around work and leave) that may have hindered the response to the pandemic. The initial coding document was established in anticipation of policies related to changing the behavior of businesses and individuals (i.e., stay-at-home orders, gathering bans, business closures). However, there had been less coverage and widespread discussion of the other types of policies. In addition, concepts such as power transfer were noted early on when it was discovered that multiple states had disseminated power to state agencies and local governments, while other states preempted the actions of local governments.

This ongoing approach has thus far resulted in over 1700 coded state-level executive orders adopted between March 1 and later in the summer of 2020, capturing the initial closures of states in response to the COVID-19 pandemic up until and through their first re-openings, while coding continues beyond the reopening of states. This document review is similar to process tracing in that it allows for the capturing of events as they unfold (Collier, 2011). The iterative nature of this process tracing allowed for learning to occur in the coding process. Meaning, each state's response is nuanced and encompasses a number of alternative language choices, caveats, and policy domains. Given the newly emerging phenomena that are present in the depth of the COVID-19 pandemic and the proliferation of executive-level policy responses, an exploratory and case-oriented process trace is utilized (Beach & Pedersen, 2019). This process was iterative in that each order has been read and coded a second time after the initial coding process occurred. This was done both to validate and gain insight into the inter-

ater reliability of the initial code. This effort also allowed for the expansion of coding categories as the teams' understanding of the emerging phenomena changed. Table A1 below provides a breakdown of the 50 states according to their classification and the executive order strategy (governor only or a mix of governor and agency).

Across the 50 states, there were 34 states who kept centralized power and only issued orders expressly through the Governor's office retaining executive power. However, from the other 16 states, most orders issued by non-governors were signed into effect by a public health director or similar position (143 orders). However, of those 16 states, only four states allowed additional agency actors outside to sign their own rule suspensions into effect, including Idaho and Hawaii which issued orders written by representatives of their respective education agencies, Kentucky had three orders written by agency directors outside of the head of the public health agency, and Florida issued orders through a large variety of agency channels.

We also include COVID-19-positive case data from USA Facts (2020) to see if state strategies have clear differences in their case counts prior to reopening. The data from this analysis relies on the coding of executive orders described above as well as data from the 2019 population estimates developed by the United States Census Bureau (<https://www.census.gov/newsroom/press-kits/2019/national-state-estimates.html>). Table A2, portions of which are included in the full manuscript, provides a more comprehensive summary of our t-test analysis.

In our analysis, we find that the size of bureaucracy and percentage of the population that are Black have a statistically different mean between the two strategies. In other words, our analysis suggests that states with mixed responses and power transfer to the agency have larger bureaucracies on average than states that centralize their approach through the governor. This may indicate that relying on bureaucratic politics for executive decision-making can become unwieldy in larger bureaucracies, and therefore that power transfer is required for smart management. In addition, we find potential evidence that states with more racial homogeneity are more likely to have a mixed policy response where executive power is transferred to state agencies. There are multiple potential explanations for this finding, including the roots in constitutional powers that vary by state, how bureaucratic

TABLE A1 Decision-making strategy and political environment.

Order adopted by:	Solid/Leans Repub.	Competitive	Solid/Leans Dem.	Total
Governor only	AK, KS, MT, ND, NE, OK, SC, SD, TN, UT/ AR, MS	AZ, GA, IA, IN, LA, NC, NH, NV	CT, DE, IL, MD, MN, NJ, NY, OR, RI, VT, WA/ ME, MI, VA	34
Mix governor and agency	AL, ID, WY/ MO	FL, KY, OH, PA, TX, WI, WV	CA, HI, MA, NM/CO	16
Total	16	15	19	50

TABLE A2 T-test for significant differences between decision-making strategies.

T-test of Gov only and agency groups	Gov only	Agency & Gov	Combined mean	Statistically significant difference?
Size of bureaucracy	41,333.53	66,053.56	49243.94	$\Pr(T < t) = 0.0360$
Registered republicans	40.97059	40.75	40.9	No
% population Black	12.06176	8.2	10.826	$\Pr(T > t) = 0.0979$
% age 65+	16.82941	17.2625	16.968	No
% bachelors	31.14118	29.6	30.648	No
COVID-19 cases at reopen	20,285.58	17,431.25	19,353.55	No
Total # restrictions	27.14706	19.4375	24.68	$\Pr(T > t) = 0.0235$
Total # suspensions	19.88235	18.4375	19.42	No
Total # governor	47.02941	25.375	40.1	$\Pr(T > t) = 0.0044$

discretion and race interact, and the history of race relations and racism in a given state. The fact that states with more racially homogenous populations appear to give agencies more discretion is an interesting finding and deserves further in-depth analysis.

APPENDIX B: COMPARATIVE CASE ANALYSIS

Ohio: Gov. Mike DeWine (R) of Ohio addressed the crisis proactively, with his first order on March 3 canceling some large gatherings coming prior to the recorded appearance of COVID-19 in the state. The first COVID-19 case in Ohio was reported on or about March 8, and a state of emergency was declared by Gov. DeWine on March 9. Gov. DeWine first delegated some responsibility and power to the Director of the Ohio Public Health Department on March 13, when Amy Acton issued an order restricting access to nursing homes and similar facilities.

Acton, a registered Democrat, was appointed by Gov. DeWine at the start of his term, and was noted for her close relationship to him and their joint rapid response to COVID-19, resulting in Ohio being the first state to close schools and limit gatherings due to the pandemic. Previously a professor of public health at Ohio State University, Acton (M.D., M.P.H.) served in this position until June 2020, when she resigned due to public threats to her safety. However, at the Governor's request, she continued to serve in an advisory role.

Despite a conservative Republican-controlled state legislature, Gov. DeWine (R) Acton (D), accomplished through executive order the institution of social distancing measures, business closures, rule suspensions, and a variety of other significant policy decisions. Acton was responsible primarily for restrictive actions, that is, limiting access to facilities, closing schools, and so forth. Governor DeWine's orders, by contrast, included lifting restrictions on unemployment compensation, providing assistance to food banks, and allowing for the electronic filing of certain state documents.

Pennsylvania: Governor Tom Wolf (D-Pennsylvania) first issued an executive order relating to COVID-19 on March

6, the same day the first two cases of the virus were reported in the state of Pennsylvania. That order declared a state of emergency, and was followed by orders addressing the closure and cancellation of restaurants, schools, and nursing homes over the following weeks. On March 23, Gov. Wolf delegated the power to issue orders to Rachel Levine, the director of Pennsylvania's Department of Health. Secretary Levine issued a stay-at-home order for some counties beginning March 23, which was then modified and extended over the following months.

Levine was appointed to her position by Gov. Wolf in 2017 after previously holding the position of Pennsylvania Physician General. Levine is a medical doctor and Harvard graduate, and went on to be appointed by President Biden as Assistant Secretary for Health in the Department of Health and Human Services, and later commissioned as a four-star admiral in the U.S. Public Health Service Commissioned Corps. Levine is notable as the first openly transgender person to be confirmed by the United States Senate, or to hold a four-star rank in any U.S. uniformed service.

In the state of Pennsylvania, Governor Wolf issued a majority of the orders, but delegated the responsibility of issuing initial stay-at-home guidance in particular to Secretary Levine, though he did later issue orders modifying it. Secretary Levine was also responsible for issuing orders considering commerce and employment, particularly pertaining to mask-wearing in businesses. Gov. Wolf, while issuing some orders related to safety concerns and modifying the stay-at-home order, also issued orders related to the availability of funds for small businesses, and notably the order that rescinds many of the restrictions put into place over March and April of 2020.

Wisconsin: In Wisconsin, Gov. Tony Evers (D) first formally addressed the crisis nearly a month after this first recorded case of COVID-19 in the state (occurring February 5, 2020), with his first order on March 12 declaring a health emergency. The very next day, on March 13, Andrea Palm, the Secretary-designee for the Wisconsin Department of Health Services, issued an order closing schools statewide. Both Gov. Evers and Secretary Palm issued orders in the following weeks.

TABLE B 1 Case study political and socioeconomic context.

	More governor restrictions			Same or more agency restrictions		
	Pennsylvania	Kentucky	West Virginia	Ohio	Wisconsin	Missouri
Gov. political affiliation	D	D	R	R	D	R
Balance of lower house	R 110: D 93	R 61: D 39	R 58: D 41	R 62: D 37	R 63: D 36	R 113: D 48
Balance of upper house	R 29: D 21	R 28: D 10	R 20: D 14	R 24: D 9	R 19: D 14	R 24: D 10
Health director affiliation	D	N/A	N/A	D	D	R
Health director background	BS, MD	MD, MPH, MSHS, FAAFP	BS, MPH	BS, MD, MPH	BS, MSW	BS, MD
Orders delegated	13	6	1	17	13	45
Type of orders delegated	Stay-at-home; school closures; elective medical procedures; mask mandates	Stay-at-home; restaurant closures; gathering bans; salon & gym closures; entertainment closures; gathering bans; elective medical procedures	Medical testing directives	Stay-at-home; restaurant closures; salon & gym closures; school closures; gathering bans; elective medical procedures; travel restrictions; nursing home restrictions	Stay-at-home; restaurant closures; salon & gym closures; school closures; gathering bans; entertainment closures; travel restrictions; reopening rules	Stay-at-home; restaurant closures; salon & gym closures; school closures; gathering bans; entertainment closures; elective medical procedures; travel restrictions; nursing home restrictions
% Black	12	7.8	3.6	13.1	6.7	11.8
% registered dem	46	41	40	41	43	38
Proportion state employees	77	100	135	55	58	92
Avg income	58,775	44,017	42,336	50,546	53,583	49,589
% bachelor's degree	30.8	23.6	20.3	27.8	29.5	28.6

Andrea Palm was appointed by Gov. Evers, and notably was never formally confirmed by the Republican state senate. She is a career Democratic health policy advisor and former Deputy Assistant Secretary for Health and Human Services under President Barack Obama. She has a master's degree in social work, and no formal medical training. Following her tenure in Wisconsin, she was appointed and confirmed to serve as Deputy Secretary in the Department of Health and Human Services under the Biden administration.

Following, Secretary-designee Palm issued several orders related to the closures of restaurants, schools, and daycares. Until the first order that implies a reopening in Wisconsin on April 27, the vast majority of restrictions are issued by Secretary Palm, while Gov. Evers issues almost all of the suspensions.

West Virginia: In West Virginia, Gov. Jim Justice (R) took a proactive approach to COVID-19, issuing an order on March 4 that declared a “state of preparedness” under the emergency powers granted by the state. The Governor then closed schools statewide via executive order on March 13. The first case of COVID-19 reported in the state was 2 weeks after the initial executive order, recorded on March 18. Not until April 16 did the Governor delegate power to Cabinet Secretary Bill Crouch, whose Commissioner and State Health Officer Catherine Slemp issued an order requiring the reporting of positive COVID-test results to the state and local health departments.

Crouch was appointed to his position by Gov. Justice in 2017. He holds a master's in public health, and previously worked in other public health positions in the state of West Virginia, as well as running his own healthcare consulting firm. Slemp is a medical doctor, with a background in public health and preventative medicine. Slemp resigned June of 2020 following the public questioning of her expertise by Gov. Justice (Coyne and Kabler, June 24 2020). Slemp was responsible for signing a single order related to the requirement of reporting tests. All other orders in West Virginia were issued by Gov. Justice.

Missouri: The first case of COVID-19 was reported in Missouri on March 6, 2020. Governor Michael Parson (R) of Missouri issued his first executive order on March 13, declaring a state of emergency in the state and activating the state Emergency Operations Plan. On March 18, the Governor delayed municipal elections, as well as suspending a number of state regulations and giving agency heads the ability to waive or suspend administrative rules within their purview. The first delegated order in the state came on March 19 from Randall Williams, Director of the Missouri Department of Health and Senior Services, providing triage instructions for 911 calls.

Williams was appointed Director of the Department by Gov. Eric Grietens, the Republican predecessor to Gov. Parson, who kept him in the same position. Williams is a medical doctor, and had previously served as the director of the North Carolina Department of Health and Human

TABLE B2 Health directors and education.

Highest earned degree	Republican governor	Democratic governor
Undergraduate only	1	3
Other graduate degrees	11	7
Masters of public health	1	4
Medical only (MD)	6	5
Both MPH & MD	8	4

Services, under Republican Governor Pat McCrory. From March 19 forward, Williams issued a majority of the executive orders in the state of Missouri. These include changes to the provision of medical care, suspensions of rules around medical marijuana, and the suspensions of rules around inspections, among other orders.

Kentucky: Gov. Andy Beshear (D) of Kentucky issued his first executive order related to COVID-19 on March 6, the same day as the first confirmed case of COVID-19 reported in the state. In this order, the governor declared a state of emergency, mobilized the Kentucky National Guard, and issued orders to other departments including the Departments of Public Health and Finance & Administration to prepare for further disruption. Gov. Beshear further issued orders prohibiting price gouging, providing assistance and regulatory rollbacks for health insurance, and allowing for emergency refills of prescription drugs. On March 19, the first order from Steven Stack, Commission of Public Health, prohibited all mass gatherings and instituted social distancing guidelines.

Stack was appointed by Gov. Beshear just prior to the onset of the pandemic, in February of 2020. He is a medical doctor with several graduate degrees, and a background in emergency medicine. While Gov. Beshear issued the majority of the orders over the next several months, Stack was tasked with issuing orders related to social distancing and guidance for hospitals and healthcare professionals to cancel non-emergent procedures. Gov. Beshear issued a number of restrictions and guidelines on travel while delegating some power to other officials, including the Public Protection Cabinet secretary on issues related to alcohol.

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