JUDGMENT NO. 37 YEAR 2021

In this case, the Court considered an application from the President of the Council of Ministers challenging a law of the Valle d'Aosta Region that sought to regulate aspects of the COVID-19 pandemic response. The Court had previously suspended the entire regional law with Order No. 4 of 2021. The Court struck down two Articles of the law and several provisions of a third article, on the grounds that they were an unconstitutional attempt to regulate an area reserved to the exclusive competence of the State legislator. In particular, the Court held that the constitutional system implicitly prohibits the use of regional laws to interfere with a regulatory scheme established by the State legislator in an area of its own competence. The regulation in this case involved the area of "international prophylaxis," an area of indisputable State-level competence, which, according to the Court, necessarily entailed "uniformity at the national level". The Court reiterated that the Regional health systems serve the aims of the National Health Service, and that the duties of Regions with regard to the COVID-19 response were delegated by the State legislator, and did not entitle the Regions to act independently in fighting the virus. Accordingly, the Court referred to the rules and procedures established by the State legislator for exercising this delegated, regional responsibility, and pointed out that they did not allow for the forms of intervention described in the unconstitutional provisions. In its reasoning, the Court also clarified that the lawfulness of the emergency Decrees of the President of the Council of Ministers [DPCMs], to which the State legislator has entrusted the daily calibrating of measures to contain the virus, was not at issue in this case, and that the decrees remained subject to review by the administrative courts.

THE CONSTITUTIONAL COURT

[omitted]

gives the following

JUDGMENT

in proceedings concerning the constitutionality of Article 2(4), (6), (7), (9), (11)-(16), (18), and (20)-(25), Article 3(1)(*a*), and Article 4 of Valle d'Aosta Regional Law No. 11 of 9 December 2020 (Measures to contain the spread of the SARS-COV-2 virus in the social and economic activities of the Autonomous Region of Valle d'Aosta in relation to the state of emergency), together with the entire content of that regional law, initiated by the President of the Council of Ministers with an application served on 21 December 2020, filed with the Registrar of the Court on 21 December 2020, registered as No. 101 of the 2020 Register of Applications and published in the *Official Journal* of the Republic as No. 53, first special series 2020.

Having regard to the entry of appearance filed by the Autonomous Region of Valle d'Aosta/Vallée d'Aoste;

a*fter hearing* Judge Rapporteur Augusto Antonio Barbera at the public hearing of 23 February 2021;

after hearing State Counsel Sergio Fiorentino for the President of the Council of Ministers and Counsel Francesco Saverio Marini for the Autonomous Region of Valle d'Aosta/Vallée d'Aoste, connected remotely in accordance with point 1 of the Decree of the President of the Court of 30 October 2020;

a*fter deliberations* in chambers on 24 February 2021.

[omitted]

Conclusions on points of law

1.– With an application served by certified electronic post and filed on 21 December 2020 (No. 101 of the 2020 Register of Applications), the President of the Council of Ministers, represented and defended by the State Counsel's Office, raised questions as to the constitutionality of Regional Law of Valle d'Aosta No. 11 of 9 December 2020 (Measures to contain the spread of the SARS-COV-2 virus in the social and commercial activities of the Autonomous Region of Valle d'Aosta in relation to the state of emergency) in its entirety, as well as, in particular, its Article 2(4), (6), (7), (9), (11)-(16), (18), and (20)-(25) and Article 3(1)(*a*), in reference to Articles 25(2), 117(2)(*m*),(*q*), and (*h*) and (3), 118, and 120 of the Constitution, as well as to the principle of loyal cooperation and to Article 44 of Constitutional Law No. 4 of 26 February 1948 (Special Statute for Valle d'Aosta).

Article 1 of the challenged law provides that it "regulates the handling of the COVID-19 epidemiological emergency throughout the territory of the region," affecting "all production activities, industrial and commercial activities, professional activities, personal service activities, and social, cultural, recreation, and sports activities," in conformity with the safety measures introduced by the following articles.

Article 2 identifies a group of personal, social, and economic activities that are permitted as long as they comply with certain safety protocols (Article 2(6), (7), and (9), second part of the second sentence), some of which to be instituted by order of the President of the Region. There are other activities which are allowed, but which the President of the Regional Executive may suspend by means of the orders provided for under Article 4(1), in case of needs inherent to the course of the health emergency (Article 2(24), in reference to the activities described in the preceding paragraphs from 11 to 19). Finally, with said orders, the President of the Regional Executive may also identify "events or public manifestations" for which exceptions may be made to the State-level "emergency provisions" (Article 2(9), first part of the second sentence).

Article 3 provides for a support and coordination unit, in order to assist the President of the Regional Executive and other "interested parties" in making strategic and operative decisions related to the handling of the emergency.

Article 4(2) identifies the Regional Executive as the body authorized to adopt safety protocols in agreement with stakeholders, while the following paragraph 3 gives the President of the Region responsibility for coordinating the measures. Paragraph 4 delegates communication activities to the Regional Press Office.

Article 5 gives the Regional Executive responsibility to develop a plan to face the economic emergency, in order to gradually recover and restart activities at the regional level.

Finally, Articles 6 and 7, contain, respectively, the budget neutrality clause and the declaration that the regional law itself is urgent.

1.1.– [omitted]

2.– The applicant alleges that the full text of Valle d'Aosta Regional Law No. 11 of 2020 clashes with the legislative competences of the State indicated by Article 117(2)(*m*) and (*q*), and (3) of the Constitution, as well as with Articles 118 and 120 of the Constitution, insofar as it allocates administrative functions to a regional level of government. This would also violate the principle of subsidiarity established by State-level provisions, in particular Decree-Law No. 19 of 25 March 2020 (Urgent measures to address the COVID-19 epidemiological emergency), converted, with modifications,

into Law No. 35 of 22 May 2020 and No. 33 of 16 May 2020 (Additional urgent measures to address the COVID-19 epidemiological emergency), converted, with modifications, into Law No. 74 of 14 July 2020.

The applicant also claims that the challenged regional law conflicts with the principle of loyal cooperation.

In particular, the applicant states that the challenged provisions overlap with the system for fighting the virus introduced by the aforementioned State-level legislative scheme, violating the constitutional provisions cited above.

[omitted]

3.– With Order No. 4 of 2021, this Court suspended the effectiveness of the entire regional law at issue on a precautionary basis, holding that it invaded the exclusive competence of the State in the area of "international prophylaxis" (Article 117(2)(*q*) of the Constitution), and carried a risk of serious and irreparable damage to the public interest and to the rights of individuals.

4.– [omitted]

5.– [omitted]

6.– [omitted]

6.1.– [omitted]

7.– Coming now to the merits of the claim, it bears restating what was already held in the precautionary order, i.e., that the subject matter of the regional legislative action in question falls within the area of exclusive competence of the State to deal with "international prophylaxis" (Article 117(2)(*q*) of the Constitution), which includes any and all measures aiming to oppose an ongoing health emergency or to prevent it.

Indeed, the infectious disease COVID-19 is known to be present worldwide, to the extent that the World Health Organization has declared an international public health emergency since 30 January 2020, striving for extensive recommendations directed at the States' political and health authorities.

This Court has already held that international prophylaxis entails measures that guarantee "uniformity at the national level, including in terms of implementation, of programs developed at the international and supranational levels" (Judgment No. 5 of 2018; see, previously, Judgments Nos. 270 of 2016, 173 of 2014, 406 of 2005, and 12 of 2004).

It is, moreover, obvious that any decision either tightening or relaxing the restrictions has an impact on the potential of the disease for transmission across national borders, thus involving the collaboration and interaction between States, neighboring or otherwise.

Not by accident, starting with Articles 6 and 7 of the aforementioned Law No. 833 of 1978, international prophylaxis and the "prophylaxis of infective and widespread diseases, for which mandatory vaccination or quarantine measures are imposed" have been classified as tightly interconnected areas, entrusted to the competence of the State, even while the latter was then delegated to the Regions. This, therefore, does not prevent the re-centralization of the totality of these functions, should the pandemic demand uniform health policies.

The new Article 117(2) of the Constitution has therefore confirmed, with the provision at letter *q*) mentioned above, that the handling of the interests brought about by pandemic diseases with large-scale geographic spread, or that are considered "international" on the basis of their characteristic high transmission rate, falls under the sphere of exclusive legislative competence of the State.

Nor does this competence have transversal features, as Counsel for the Region objects, in order to infer that it is limited to merely overlapping with the regional legislative scheme that is otherwise competent. The area of international prophylaxis has a clearly distinct purpose, which includes the prevention or obstruction of pandemic diseases, and covers every aspect of related measures.

7.1.– When it comes to highly contagious diseases capable of spreading at a global level, "logical reasons, even prior to legal ones" (Judgment No. 5 of 2018) establish, in the constitutional system, the need for a single regulatory scheme, which is national in character and appropriate for preserving people's equality in the exercise of their fundamental right to health and simultaneously protecting the interests of society as a whole (Judgments Nos. 169 of 2017, 338 of 2003, and 282 of 2002).

In fact, every decision made in this area, limited to the sphere of local competence, has a ripple effect, and a potentially significant one, on the international transmissibility of the disease, and, in any case, on the ability to contain it. In particular, failing to break the chain of contagion on a minor territorial scale, by not implementing the measures necessary to do so, is tantamount to allowing the disease to spread well beyond local and national borders.

Nor is this the only matter at stake. An action or a single coordinating structure could turn out to correspond to the distribution of constitutional competences and the selection of the most suitable level of government for handling the various aspects of managing a pandemic crisis, under Article 118 of the Constitution, but the State legislator has not unreasonably concluded that dividing up responsibilities on a regional and local basis is not appropriate in such cases.

This conclusion, thus, applies not only to quarantine measures and the additional restrictions on daily activities, insofar as they are potential sources of the spread of contagion, but also to the therapeutic approach; the criteria and methods for calculating the levels of contagion in the population; the methods of collecting and processing data; the procurement of medicines and vaccines, as well as the plans for administering them; and so on. In particular, the vaccination plans, which may be entrusted to regional management, must be carried out according to the national criteria established by State-level provisions to fight the ongoing pandemic.

Each of these aspects may only seemingly be contained to a more limited territory. Where the contagion is widespread throughout the national territory, and demonstrates an ability to spread with the same characteristics beyond it as well, the choices made in the form of international prophylaxis are all interconnected, and form an overall picture that may only be a rational one if its features are produced in accordance with a single course, set in advance and endowed with a necessary vision of the whole, which lends support to appropriate and proportionate measures.

7.2.– The National Health Service is "made up of the complex of functions, structures, services, and activities [of the State, Regions, and local territorial bodies] intended to promote, maintain, and restore physical and psychological health" (Article 1(3) of Law No. 833 of 23 December 1978, containing the "Institution of the National Health Service"). Regional Autonomies, both ordinary and special, are, therefore, not excluded from the management of emergency health crises, due to the responsibilities relegated to them in the "concurrent" areas of the protection of health and civil protection. In particular, regional health facilities are also responsible for working toward hygiene and prophylaxis, but within the limits that allow them to fit seamlessly

into the framework of extraordinary measures adopted at the national level, due to the serious threat to public safety.

From a historical point of view, moreover, the prophylaxis of infectious disease has always been the prerogative of the State. Article 112(3)(*g*) of Legislative Decree No. 112 of 31 March 1998 (Conferral of administrative functions and responsibilities of the State to the regions and local bodies, in implementation of heading I of Law No. 59 of 15 March 1997) most recently confirmed that, when it comes to the supervision and control of epidemics of national and international dimensions, these fall within the competence of the State, so, too, when delegated to the Regions by Article 7(1)(*a*) of aforementioned Law No. 833 of 1978.

Therefore, while the regional health facilities may act for prophylactic purposes, the fact remains that, in cases of infectious diseases of pandemic proportions, the State legislator may well impose binding criteria for their actions, and ways of pursuing objectives fixed by the national legislation and by the acts adopted on its basis, when such objectives are essential to the overall plan for battling the epidemic crisis.

Ultimately, regardless of the crucial contribution made by the regional health systems, through which the State itself may pursue its aims, the national legislator is entitled to envisage all requisite measures.

8.– This distribution of competences at the constitutional level, in situations of pandemic emergency, was traditionally confirmed by the legislative response, when it comes to interweaving the various aspects of the protection of health together with those triggered by the suddenness and unpredictability of the crisis, both at its onset and in its later manifestations. The global nature of the disease requires to consider this regulatory scheme as the reflection of the exclusive competence that the State exercises in this regard.

Starting with Article 32 of Law No. 833 of 1978, the power to adopt necessary and urgent orders in the area of hygiene and public health has been conferred upon the Regions and local bodies only in the event that the effectiveness of such acts can be guaranteed by that level of government, while it falls to the Ministry of Health to act whenever it is necessary to regulate the emergency throughout the entire national territory or portions of it that include multiple Regions.

The intention of the legislator to refer, pursuant to this provision, not to the obvious territorial limits of all the measures established by decentralized authorities, but, rather, to the nature of the health crisis needing to be resolved, is confirmed by Article 117 of Legislative Decree No. 112 of 1998. This article shifts emergency measures in the area at issue here between the city, Region, and State levels on the basis of "the size of the emergency and the potential involvement of multiple regional territories". This scheme was later confirmed by Article 50(5) of Legislative Decree No. 267 of 18 August 2000 (Consolidated text of laws on the organization of local authorities).

8.1.– Finally, under new Title V of Part II of the Constitution, the process of regulating emergencies, including health emergencies, depending on whether they are local or national in character, was further developed by Legislative Decree No. 1 of 2 January 2018 (Code of Civil Protection).

Article 7(1)(*c*), in correlation with Article 24 of the legislative measure, grounds the power to adopt necessary and urgent civil protection orders in the State, in agreement with the Regions and Autonomous Provinces "with a territorial interest," so that, yet again, it is the potential concentration of a crisis within a specific portion of the

territory that requires the engagement of the Autonomies when, even in cases of such localization, an emergency nevertheless takes on "national importance" as a result of the inadequate "operational capacity of the Regions and local bodies to respond" (Judgment No. 327 of 2003; later, on the need to reach an agreement in such cases, see Judgment No. 246 of 2019).

And, in the analogous regulatory context outlined by the earlier Law No. 225 of 24 February 1992 (Institution of the National Civil Protection Service), this Court struck down a piece of regional legislation insofar as it was "bound to have an impact on the effects produced by the ordinances issued" by the State authority for purposes of civil protection, since "the regional legislator cannot use […] its legislative power to paralyze […] the effects of necessary and urgent measures" (Judgment No. 284 of 2006).

This conclusion is only reinforced by the circumstances of a pandemic, the characteristics of which require the use of international prophylaxis measures.

9.– Indeed, while the model offered by the legislation in force, and mentioned just now, does comply with the constitutional design, it is not the only possible way of implementing it.

It is, therefore, conceivable that the State legislator, in addressing a health emergency with very specific characteristics, could choose to introduce new regulatory answers and provisions calibrated specifically to it. This is, indeed, what happened following the spread of COVID-19, which, as a result of the speed and unpredictability of the spread of contagion, has required the use of tools able to adapt to the twists and turns of a crisis in constant flux.

Starting with Decree-Law No. 6 of 23 February 2020 (Urgent measures for the containment and handling of the COVID-19 epidemiological emergency), converted, with modifications, into Law No. 13 of 5 March 2020, the State legislator relied on a regulatory and administrative sequence that begins with the introduction of quarantine and other restrictive measures through acts having the force of law, and culminates in the temporal and spatial adjustment of the measures, to reflect the course of the pandemic, through decrees of the President of the Council of Ministers [DPCM].

As it stands, the regulatory framework in force is primarily found in Decree-Law No. 19 of 2020 and Decree-Law No. 33 of 2020, in which this sequence was laid out in further detail.

Article 1 of Decree-Law No. 19 of 2020 contains an extensive set of precautionary and limiting measures, the application of which is entrusted to DPCMs, adopted after having taken into consideration the opinions of the Presidents of the affected Regions, or, in the cases in which they apply to the entire national territory, of the President of the Conference of Regions and Autonomous Provinces (Article 2 of Decree-Law No. 19 of 2020).

While approval of these decrees is pending, the Minister of Health may intervene, to prevent the crisis from worsening, by means of the aforementioned ordinance power attributed by Article 32 of Law No. 833 of 1978.

In Article 1 of Decree-Law No. 33 of 2020, then, the legislator considered it appropriate to provide also for mayors to be able to intervene on urgent basis (paragraph 9), and, above all, for Regions to be able to do so (paragraph 16). The Regions, while adoption of the DPCMs is pending, have the authority to introduce "derogative measures that are stricter than the ones provided" by the DPCM, and even "more extended" ones, although, for the latter, only in agreement with the Minister of Health,

and only in the cases and forms provided for by the decrees of the President of the Council of Ministers.

9.1.– It is, therefore, primarily in these *ad hoc* State-level sources, and in the later legislation like it (such as Decree-law No. 1 of 5 January 2021, containing: "Additional urgent provisions in the area of containing and managing the COVID-19 epidemiological emergency"), that it becomes compulsory to return to the legal foundations of the powers exercised by the State, Regions, and local authorities to respond to the pandemic.

The lawfulness of the DPCMs adopted for this purpose is not subject to scrutiny in this judgment, which concerns the division of competences in battling the pandemic. The decrees remain, in any case, subject to review by the administrative courts, but what this Court does affirm is the ban on the Regions and Special Autonomies from interfering with the regulatory scheme established by the competent State legislator by means of their own legislation. Indeed, "what is implicitly banned by the constitutional system is that the regional legislator (like the State legislator with respect to regional laws) uses its legislative power for the purpose of rendering a State law that it considers to be unconstitutional, or even merely detrimental or inappropriate, inapplicable in its own territory […]. Thus, neither the State nor the Regions may claim the power to directly resolve potential conflicts between their respective legislative acts by means of their own legislative provisions, except through the procedures provided by the Constitution" (Judgment No. 198 of 2004).

10.– On the basis of these premises, the questions as to the constitutionality of Articles 1, 2, and 4(1), (2), and (3) of the challenged regional law are well founded, with reference to Article 117(2)(*q*) of the Constitution.

Indeed, these provisions replace the regulatory sequence designed by the State legislator specifically for the fight against the disease caused by the novel coronavirus, requiring a separate and alternative one in its place, based upon regional legislative provisions and the orders of the President of the Regional Executive.

This is a clear invasion of the exclusive legislative competence of the State. It does not depend upon the manifestation of an actual conflict between the individual, concretely applicable measures based on DPCMs and the measures established by regional rules. This kind of antinomy could arise at a given time and expire at a later time, or vice versa, in accordance with how the State and regional systems evolve diachronically as a result of the decrees of the President of the Council of Ministers, on the one hand, and those of the President of the Region, on the other. Therefore, lingering on the challenges that the application makes to certain specific provisions contained in Article 2, on the basis of the ways in which they allegedly diverge from the contents of the DPCM in force at the time the challenged regional law was promulgated, is not relevant.

What matters before everything and in a meaningful way is the overlap between the set of regional provisions and the provisions pre-established by the competent State rules, resulting in an invasion of the sphere of authority which lies outside the scope of the Regional legislator's power to intervene.

11.– It is undisputed that the exclusive State competence in the area of "international prophylaxis" also applies to the Autonomous Region of Valle d'Aosta/Vallée d'Aoste, given that it cannot claim that its statute attributes it any such power. Indeed, the prerogative to regulate activated by the State legislator pursuant to Article 117(2)(*q*) of the Constitution corresponds to a sphere of competence that the

State already held, with regard to the Regions, even prior to the entry into force of the new Title V of Part II of the Constitution.

This is confirmed by Article 36 of Law No. 196 of 16 May 1978 (Provisions implementing the special statute of Valle d'Aosta), which removes all the functions pertaining "to international relationships in the area of health and hospital assistance, including international prophylaxis" from the list of administrative functions transferred to the respondent. This reiterates that this area is not among the Region's statutory competences, not even under that "of integration and implementation" in the area of "hygiene health, hospital assistance and prophylaxis" (Article 3(*l*) of the statute), which is, in any case, less expansive than "health protection" under Article 117(3) of the Constitution.

This last attribution of power, which places the Autonomous Region of Valle d'Aosta/Vallée d'Aoste on the same level as the Regions with ordinary statutes (pursuant to Article 10 of Constitutional Law No. 3 of 18 October 2001, containing: "Modifications to Title V of the second part of the Constitution") and the numerous other statutory competences indicated by the defense for the Region, may, therefore, be of marginal or indirect relevance, depending upon the object of the restrictive State-level measure adopted each time. They are, however, secondary with respect to the prevailing interest of international prophylaxis, to which all regulation of this area belongs (on the irrelevance of indirect and marginal effects in the process of identifying the area, see, *ex plurimis*, Judgments No. 137 of 2018 and 125 of 2017).

In any case, the areas that, according to Counsel for the Region, are impacted by the State-level rules (cableway installations, transit, and so on) are not important as such, but rather inasmuch as they involve places where the epidemic contagion may spread.

Therefore, the clause safeguarding statutory competences, laid out in Article 5(2) of Decree-Law No. 19 of 2020 and by Article 3(2) of Decree Law No. 33 of 2020, cited by Counsel for the Region, has no reason to operate in this sphere, given that the respondent Region cannot use any power attributed on the basis of the statute or rules implementing the statute in opposition to the exclusive legislative competence of the State.

12.– In the final analysis, there can be no room for adjusting the State regulatory scheme to the regional reality unless it is established in advance by the State legislator, the only one with authority both to regulate in this area through legislation or regulation, and to allocate the relevant administrative function, including, when it comes to the special autonomies, pursuant to the enduring principle of parallelism (Judgments No. 179, 215, and 129 of 2019, 22 of 2014, 278 of 2010, and 236 and 43 of 2004).

In this regard, the point was already made above that, in Article 2 of Decree-Law No. 19 of 2020, in an exercise of the discretion to which the State legislator is entitled in an area where it has exclusive competence (Judgment No. 7 of 2016), the State legislator considered it appropriate to activate a process of loyal cooperation with the regional system, providing that the DPCMs must be preceded, depending on the interests involved, by the opinion of the Presidents of the Regions or that of the President of the Conference of Regions and Autonomous Provinces.

This regulatory solution is in line both with the breadth of the range of regional competences touched by the measures to contain the pandemic, and with the objective circumstance that the State, at least where it does not resort to the substitutive power

contained in Article 120 of the Constitution, is bound to avail itself of the regional health systems for purposes of implementing its prophylactic measures.

12.1.– Moreover, Article 1(16) of Decree-Law No. 33 of 2020 allows the Regions to apply measures that are stricter than those contained in the DPCMs and, under strict conditions, even measures that are "more relaxed," in order to ensure that, during the time it takes to update State-level measures to reflect the epidemiological curve, there are no gaps in protection when it comes to newly developed situations the State authorities have yet to take in hand.

This was the case, for example, with the suspension of schools by regional ordinances, which was grounded not in some constitutionally protected competence proper to the autonomies, but rather in the responsibility conferred upon them by Article 1(16) of Decree-Law No. 33 of 2020.

Accordingly, what the State law permits is not autonomous regional policy concerning the pandemic, even where it is stricter with respect to the State-level policy, but only those rules (be they restrictive or expansive) that must be put in place for reasons arising after the adoption of one DPCM and before the adoption of the next one.

It is clear, however, that – in line with the State-level regulatory framework – this may happen by means of administrative measures, due to their flexibility, and not thanks to the work of regional legislators.

In consequence, Articles 1, 2, and 4(1) of the challenged law not only overstep the bounds that are generally reserved to the autonomies by the State legislator, but require that this happen through legislation, despite the fact that utilizing primary legislation is precluded by the State legislation on the subject (Judgments Nos. 272 of 2020, 142 and 28 of 2019, 66 of 2018, and 20 of 2012).

12.2.– The provisions contained in paragraphs 2 and 3 of the challenged Article 4 are also consistent with this design, and, therefore, are also subject to the ruling of unconstitutionality.

Concerning Article 4(3), the object of that article is the President of the Regional Executive's coordination of the interventions envisaged by Article 2, which has already been ruled unconstitutional here.

With regard to paragraph 2, it is true that, in that provision, the regional legislator identified the Executive as the body entitled to carry out the task assigned to the Region by Article 1(14) of Decree-Law No. 33 of 2020, for the development of safety protocols that conform with the national ones. It does this, however, in reference to the activities in Article 2, the unconstitutionality of which, therefore, must extend to this paragraph as well.

13.– [omitted]

14.– For these reasons, Article 1, which lays out the programmatic goals of the Valle d'Aosta Regional Law No. 11 of 2020, and makes compliance with the measures introduced by Article 2 binding, is, first and foremost, unconstitutional.

Furthermore, all of Article 2 must be held unconstitutional. It, in large part, outlines and envisages the measures (Article 2(1), (2), (4), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (20), (24), (25)), and establishes sanctions for failure to comply with them (Article 2(23)). Elsewhere, it claims to limit the State's exercise of its exclusive competence to matters "of entry into Italy" and of "disability" (Article 2(3)). Namely, it subordinates the effectiveness of State-level "mitigations" to their reception by the Region (Article 2(22)), and it redefines the emergency powers of mayors (Article 2(21)).

Finally, Article 4(1), (2), and (3), which regulate the President of the Executive's orders relating to the measures contained in Article 2, including in reference to coordination activities and safety protocols, is also unconstitutional.

15.– [omitted]

16.– [omitted]

17.– [omitted]

18.– [omitted]

18.1.– [omitted]

19.– This ruling fully and exhaustively replaces the precautionary rulings issued with Order No. 4 of 2021.

ON THESE GROUNDS
THE CONSTITUTIONAL COURT

1) *declares* that Articles 1, 2, and 4(1), (2), and (3) of Valle d'Aosta Regional Law No. 11 of 9 December 2020 (Measures to contain the spread of the SARS-COV-2 virus in the social and economic activities of the Autonomous Region of Valle d'Aosta in relation to the state of emergency) are unconstitutional;

2) *declares* that the questions as to the constitutionality of Articles 3 and 4(4), (5), (6), and (7) of Valle d'Aosta Regional Law No. 11 of 2020, raised by the President of the Council of Ministers in reference to Articles 117(2)(*m*) and (*q*) and 117(3), 118, and 120 of the Constitution, as well as to the principle of loyal cooperation, with the application indicated in the headnote, are unfounded;

3) *declares* that the question as to the constitutionality of Article 3(1)(*a*) of Valle d'Aosta Regional Law No. 11 of 2020, raised by the President of the Council of Ministers in reference to Article 117(2)(*h*) of the Constitution, as well as to Article 44 of Constitutional Law No. 4 of 26 February 1948 (Special Statute for the Valle d'Aosta Region), with the application indicated in the headnote, is unfounded.

Decided in Rome, at the seat of the Constitutional Court, *Palazzo della Consulta*, on 24 February 2021.

Signed by:

Giancarlo CORAGGIO, President

Augusto Antonio BARBERA, Author of the Judgment