

**Senate Health and Human Services Committee**  
**Testimony by Debra Patt, MD, Texas Medical Association**  
**SB 25 and SJR 19 by Sen. Lois Kolkhorst**  
*March 10, 2021*

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Madame Chair Kolkhorst and Committee Members:

My name is Debra Patt, MD, and I'm an oncologist here in Austin. Thank you for the opportunity to testify on behalf of the more than 55,000 members of the Texas Medical Association (TMA) to share our comments on Senate Bill 25 and Senate Joint Resolution 19.

Texas physicians have seen, front and center, the devastation COVID-19 has had over the past year on our elderly, frail, and vulnerable residents in long-term care facilities. The devastation has been not only from the infectious disease threat – with so many residents in close quarters living together, getting exposed, falling ill, and dying – but also from the sheer toll on residents' mental, physical, physiological, and spiritual health due to isolation from their loved ones.

As physicians witnessed these challenges firsthand, TMA convened organizations in summer 2020 representing the long-term care industry to adopt a joint statement to the governor and the Texas Health and Human Services Commission on the importance of in-person visitation. The statement sought to balance appropriate infectious disease control with meeting patients' mental and emotional support needs. TMA absolutely understands the needle that must be threaded to accomplish this. Thus, we recommend the following considerations for SB 25 and SJR 19:

- **A seven-day suspension may not be long enough to contain the spread of a disease during an outbreak.** Centers for Disease Control and Prevention (CDC) recommendations still strongly endorse a 14-day quarantine if someone has been exposed to COVID-19.<sup>1</sup> CDC also defines an “outbreak” as two or more cases of the disease that are linked (e.g., at the same facility).<sup>2</sup> Should a COVID-19 outbreak occur at a facility, the seven-day suspension would not be long enough to contain its spread before allowing visitation, which may result in exposure and continued spread of the disease to the visitor and the outside community.
- **For some high-risk, high-consequence, and highly infectious diseases, visitation must be limited to mitigate serious community risk.** One example of such a disease is Ebola. Just as we had never heard of COVID-19 before 2020, we do not know what diseases are on the horizon that might be highly contagious and deadly. In these potentially extreme cases, it would be best to allow the attending physician, with the knowledge of the patient and the disease threat, to determine the safety level allowable for visitation.
- **Staffing shortages at facilities due to a pandemic may require limited visitation.** As we have seen with COVID-19, as staff members find themselves sick, having to quarantine if

exposed, or having to care for their children while schools are closed, some facilities become strained due to staffing shortages. During these scenarios, having to spread limited staff to manage visitors, screen and check temperatures, assess personal protective equipment (PPE), and other tasks may stretch facility resources even further.

- **Facilities should not be required to provide PPE to visitors**, especially during PPE shortages such as we saw at the onset of the pandemic. Physicians themselves were reusing, disinfecting, and salvaging whatever PPE they could to protect themselves to continue caring for their patients; to require long-term care facilities to provide PPE for everyone could further strain limited resources. We recommend visitors be expected provide their own PPE that meets the appropriate standard need of protection.

TMA physicians want the best for our patients. Their comprehensive health – including infectious disease prevention and the social, emotional, and mental health support of loved ones – are of utmost priority. We look forward to reviewing changes the chair is considering and will work with the committee in any way possible. We thank you again for this opportunity to comment, and I am happy to take any questions.

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<sup>1</sup> Centers for Disease Prevention and Control (CDC). When to Quarantine. [www.cdc.gov/coronavirus/2019-ncov/if-](http://www.cdc.gov/coronavirus/2019-ncov/if-)

<sup>2</sup> CDC. Managing Investigations During an Outbreak. [www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/outbreaks.html](http://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/outbreaks.html)