



House State Affairs
Senate Bill 968 by Sen. Lois Kolkhorst
Testimony by John T. Carlo, MD
Texas Public Health Coalition
May 10, 2021

Honorable Chair Paddie and members:

My name is Dr. John Carlo, and I'm a public health and preventive medicine specialist from Dallas. On behalf of the Texas Public Health Coalition and its more than 30 stakeholder organizations, we appreciate this opportunity to testify on Senate Bill 968 to share the following considerations:

- 1. Remove the requirement to report on cycle thresholds.** To require the reporting of cycle threshold values and reference ranges for *every* communicable disease test would be onerous, especially to frontline health care workers who may be inundated fighting an outbreak. This creates more administrative burden that slows down the reporting process and response. We strongly urge this change.
- 2. Modify the prohibition of vaccine passports to differentiate between fully authorized and emergency-use authorized vaccines.** For vaccines fully authorized by the Food and Drug Administration, health care facilities should have the autonomy to establish vaccine passports and vaccination requirements to ensure the best care for their patients. Being aware of vaccine status among patients and health care workers helps facilities make better decisions regarding staffing and treatment protocols. For example, we wouldn't want to place an unvaccinated health care worker to treat a severely immunocompromised cancer patient. In Health and Safety Code Section 224.002, health care workers are already allowed to be exempt from required vaccinations, as long as they follow procedures such as wearing necessary personal protective equipment (PPE) to protect patients from disease exposure.
- 3. Do not reassign the Office of Chief State Epidemiologist to the Texas Division of Emergency Management during a declared public health disaster.** Currently, the Office of Chief State Epidemiologist is within the purview of the Department of State Health Services. Shuffling the oversight of the chief state epidemiologist during constrained times of public health disasters will only create confusion throughout the state as to which entities serve in what roles. It is important for medicine to have consistent leadership to look to regarding infectious disease concerns.

- 4. Modify the language to ensure PPE is available for all on the front lines, including community-based outpatient clinics.** Health care workers in outpatient clinics, who were also seeing, testing, and treating COVID-19-positive patients, were unfortunately overlooked to receive PPE at the beginning of the pandemic. We want to make sure all frontline health care workers receive the appropriate protective gear needed to safely care for patients.

The Texas Public Health Coalition appreciates the efforts of Senator Kolkhorst and this committee to improve Texas' public health response to outbreaks. We ask for your consideration of these critical changes due to the medical and public health implications for the future. Thank you for the opportunity to comment on behalf of our collective organizations, and I'm happy to answer any questions.