



Senate Health and Human Services
Texas Medical Association Written Testimony
Senate Bill 966 by Sen. Lois Kolkhorst
March 23, 2021

Honorable Chair Kolkhorst and members:

The Texas Public Health Coalition (TPHC) appreciates this opportunity to testify on behalf of more than 30 public health stakeholder organizations across the state to share the public health perspective and considerations on Senate Bill 966.

COVID-19 has certainly shone a light on ways Texas can improve to prepare for the next public health disaster, including ways to foster stronger collaboration among state leadership to respond effectively. As we look to bolster Texas' public health response, TPHC would like to point out the delineation between state health commissioner public health disaster declarations and disaster declarations or executive orders issued by elected officials. During COVID-19, actions that carried significant economic restrictions were imposed by disaster declarations and executive orders of elected officials rather than by public health disaster declarations of the state health commissioner. Texas Department of State Health Services' (DSHS') public health disaster declarations cannot significantly impact people from a financial or civil liberties basis and are, for the most part, notifications for public awareness and recommendations or advice without teeth. Civil penalties for not following DSHS' advice were nonexistent or minor, and overall, state health officials can mostly serve to inform, influence, and inspire – not detain, compel, or force compliance.

Public health disasters are complex scenarios, involving communicable disease threats that pose a high risk of death, serious long-term disability, or high levels of contagion. Often a communicable disease demands a rapid response to defend the health of the public, and requiring the DSHS commissioner to address a legislative body right in the middle of what needs to be a quick response may be challenging and slow down the response. Also as a reminder, all health authorities within this state are appointed officials. Legislative or governing bodies already have the authority to intervene at times they feel are appropriate through the immediate removal of such appointed officials.

We maintain, like you are considering in SB 967, that the oversight of a decision should be with an elected official, which in the case of the state would be the governor. That oversight provides both expedience and accountability for voters.

Overall, a state health commissioner should have the ability to make public health declarations independently, from a medical and public health perspective. Perhaps a broader body of

consultants should be assembled to review or confirm a state public health disaster. That group ideally would have the best knowledge of the science involved and contain at the minimum experts in medicine and law/ethics, and faith-based leadership. Decisions made in a vacuum are not ideal; however, the addition of a consulting board for the commissioner could provide the right expertise to guide potentially sensitive decisions.

We would urge that if SB 966 must move forward, the focus be tied to those events impacting the vast majority of Texas counties, rather than applying a new layer of nonexecutive approval, which may slow the response in a smaller region.

TPHC appreciates the efforts of this committee to improve Texas' public health response in light of lessons learned from COVID-19. We ask for your consideration of these public health implications moving forward. Thank you very much for the opportunity to comment. Should you have any questions, please do not hesitate to contact Troy Alexander, director, TMA Legislative Affairs, at troy.alexander@texmed.org.