



Physicians Caring for Texans

**Senate Finance Committee**  
**Texas Medical Association Written Testimony**  
**Senate Bill 1616 by Sen. Paul Bettencourt**  
*April 26, 2021*

Honorable Chair Nelson and esteemed Members:

Thank you for the opportunity to testify on behalf of the Texas Medical Association and its more than 55,000 physician and medical student members. Our testimony today speaks on Senate Bill 1616, as we wanted to share a few considerations on the potential public health implications of the bill.

The COVID-19 pandemic challenged our state's public health system both locally and statewide. As physicians fought on the front lines taking care of patients, we heavily leaned on public health authorities to make the most sound, evidence-based decisions to defend the health of Texans. The success of our response was dependent on both state and local health authorities determining the best courses of action and recommendations to limit continued spread of the coronavirus. Texas takes pride in its 254 counties and its vast diversity of towns and counties. With each county or region being so unique, local residents, leadership, and local health authorities are the best sources out in the field to make decisions regarding how to best defend their own community, including against threats of communicable disease.

TMA's concerns with SB 1616 lie in how it limits the ability of and essentially ties the hands of local authorities to respond effectively to epidemics and disease within their own communities. The use of public health orders is when there is a dire need to do so in order to protect the public's health. Often this was necessary during the COVID-19 pandemic in order to limit the continued spread of the virus, and limiting the spread of the virus meant fewer severely sick and dying patients rushing to hospitals and overwhelming our state's health care system. Public health orders also can help with managing drug-resistant tuberculosis in homeless shelters, stopping an aggressive influenza outbreak in a specific long-term care facility, addressing waterborne illnesses after a flood, or even investigating HIV outbreaks in rural communities due to shared needles during opioid use. Consider public health orders to prevent the spread of other communicable diseases, such as tuberculosis or Ebola. In scenarios where the risk is a severe, high-consequence, and highly contagious disease, public health orders are even more imperative to prevent potentially disastrous high mortality outbreaks.

In looking back at the COVID-19 outbreak and Texas' response, it is important to point out the delineation between public health orders and emergency declarations issued by local or state

elected officials. Actions during COVID-19 that carried significant economic restrictions were carried out by emergency declarations by elected officials rather than by public health orders of local health authorities. Local health officials mostly serve to inform, influence, and inspire, and only have to resort to orders in situations where there is a serious threat to the health of the public.

TMA appreciates the efforts of this committee to improve the local public health response in light of lessons learned from COVID-19 and ask for considerations of the 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, TMA director of legislative affairs, at [troy.alexander@texmed.org](mailto:troy.alexander@texmed.org).