

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#); [Brittany Roberson](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Friday, June 06, 2014 8:20:26 AM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Thursday, June 05, 2014 9:35 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Thursday, June 5, 2014 - 21:34

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Rhett

Last Name: Cutshaver

Title: Clinical Coordinator - Cardiopulmonary

Organization you are affiliated with: St. Joseph Regional Health Center - Bryan, Texas

City: College Station

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

The decision to remove the licensure requirement for Respiratory Care Practitioners is most disconcerting. As Respiratory Therapists, we manage complex life-support equipment. We understand and manage complex pulmonary and cardiac disease processes for patients ranging from neonates to the extremely elderly.

The idea that removing licensure will pose 'no risk to the public' because we work in a 'highly regulated environment' is faulty. The reason facilities require certain levels of education and training for positions like Respiratory Therapists and Rad Techs is BECAUSE of state licensure requirements. Prior to licensure, hospitals would take people off the street and train them to do certain jobs, like respiratory care.

That 'system' worked poorly, which is why licensure was instituted in the first place!. Understanding respiratory and cardiac diseases, and the equipment needed to manage those diseases, requires a full understanding of anatomy, physiology, physics, recognizing signs and symptoms of progressing disease processes, and much, much deeper information that can only be obtained by formal education.

In the absence of state licensure requirements that require formal education, it is highly likely that hospitals, in an effort to save money, will begin hiring people off the street to 'train' to do jobs like respiratory care and radiology procedures. To think otherwise is unrealistic. The idea that perfusionists, rad techs, and RT's don't need a license due to the presence of a 'physician, anesthesiologist, or a nurse' is unrealistic. Most nurses do not understand the complexities of treating critically ill respiratory and cardiac patients. Many general practice physicians are also lacking in this knowledge.

The question the committee needs to ask itself is this. If your baby, or mother, or sister, or spouse was critically ill,

would you want a formally-trained, licensed professional to be attending to their life-support equipment, or would you want someone the hospital pulled off the street and 'trained'?

The proposal to eliminate a licensure requirement for these positions demonstrates that the committee does not fully understand the complexities of these positions nor the risk to the public that doing so would pose to the public. All other states have a licensure requirement for these positions. If the licensure requirement in Texas is eliminated, thus reducing salaries for these positions, qualified medical professionals will leave and go to other states.

Any Alternative or New Recommendations on This Agency: Respiratory Care, Perfusionists, and Rad Techs should be licensed and moved to the 'Transfer' list.

My Comment Will Be Made Public: I agree