

**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 4:42:08 PM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Friday, June 06, 2014 4:35 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Friday, June 6, 2014 - 16:34

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Wendy

Last Name: Hughes

Title:

Organization you are affiliated with:

City: Victoria

State: Texas

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

The Respiratory Care Practice Act was signed into law by the Texas Legislature in 1986, almost 30 years ago to ensure oversight of this growing healthcare profession. Since that time there have been some very significant advances in the art and science of respiratory care. These advancements include treatment modalities, invasive and non-invasive procedures, diagnostic testing, medical equipment such as mechanical ventilators and medications for the treatment of asthma and COPD. Specialty credentials and exams for special certifications have also been established for asthma education, neonatal and pediatric specialists, smoking cessation counselors, and pulmonary rehabilitation specialist just to mention a few. Although respiratory therapists are credentialed by the NBRC, the NBRC does not regulate or provide oversight of respiratory therapists – they are simply the national testing and credentialing agency for the respiratory care profession.

With the advance of the technology, new medicines, new procedures and diagnostic testing came the need for better trained and qualified respiratory therapists (respiratory care practitioners) and the need for close oversight and regulation, which led to the development of several new respiratory care education programs. There are now several Texas colleges offering Respiratory Care programs of study leading to either Associate, Bachelor or Master degrees. The licensure requirement for RCP's in Texas was an important catalyst in the establishment of those programs. Such programs help to develop critical thinking skills in the students, which ultimately leads to better and safer care for the patients treated by respiratory care practitioners in Texas – which was the intention of the Respiratory Care Practice Act. Since the passage of the Respiratory Care Practice Act there has been a very low incidence of disciplinary action against licensed RCP's, which is a testament to the fact that the Act has achieved its intended goal.

According to the Sunset Commission's own published information, affected professionals were notified and asked for comment on this decision. I can tell you with absolute certainty that I as a practicing RCP, nor were any of my

RCP colleagues notified or asked for input on this matter. To allow this Act to “sunset” and not transfer oversight and regulation to the Department of Licensing and Regulation would be a major step backward for the Respiratory Care profession, more importantly, for the patients we serve every day. Without the license requirement employers (hospitals, home health agencies, skilled nursing facilities, and home medical equipment companies) would be free to hire untrained and unqualified personnel “off the street” to provide services that require a very high level of skill and expertise – for which there would be no regulation or oversight. I can think of no greater disservice to the citizen patients of Texas than to subject them to subpar and dangerous care provided by untrained and unskilled personnel who are not subject to the rigorous standards, regulation and oversight found in the Respiratory Care Practice Act.

In addition to compromising patient safety this would have a significant negative impact on all respiratory care programs in all Texas colleges with regard to enrollment – who in their right mind would spend 4 years in college and the expense involved to get a degree that will allow you to do something the kid down the street can do without a degree or professional credential (such as the RRT [registered respiratory therapist] credential)?

Prior to the passing of this Act by the Texas legislature there was no regulation or oversight and people who were untrained and unqualified were technically eligible to become “professional” health care providers. As stated earlier the advances in the art and science of respiratory care and the advances in the technology have increased almost exponentially since that time. If our legislators saw the importance of licensing RCP’s in Texas nearly 30 years ago when the technology and medicines were far less complicated than they are now would not our legislators today see an even more critical need to license this profession and provide even more regulation and oversight? Our citizens deserve better than to be forced to have care provided to them by an unqualified, poorly trained person whose background may or may not be very questionable.

As a Registered Respiratory Therapist, I rigorously oppose the effective de-licensing of RCP’s in the state of Texas. I believe it is bad for patients, bad for respiratory education programs, bad for health care facilities, and bad for Texas. De-licensing RCP’s will lead to an increase in medical mistakes, malpractice, and increase liability for all concerned.

Ultimately this will lead to an increase in the cost of care.

Any Alternative or New Recommendations on This Agency:

I urge you to move the regulation of RCP’s to the Department of Licensing and Regulation.

My Comment Will Be Made Public: I agree