

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Thursday, June 26, 2014 8:44:18 AM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Thursday, June 26, 2014 12:05 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Thursday, June 26, 2014 - 00:04

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Deborah

Last Name: Brower

Title: Registered Respiratory Therapist

Organization you are affiliated with:

City: Deming

State: New Mexico

Your Comments About the Staff Report, Including Recommendations Supported or

Opposed: As a Respiratory therapist I am opposed to the delicensing of Respiratory Therapist. I am currently a license holder of the states of Arizona, New Mexico, and recently Texas. I plan on moving there shortly. Most people are misconceived that as a respiratory therapist all we do is run from room to room filling medications in a cup and nebulizing them or doing electrocardiograms. If you are in the hospital for a non life threatening condition, this is all you may see. But if you have a loved one with a major life threatening condition you will see much more. We normally respond to all Trauma's, C-sections, Cardiac Arrests, and much more. If you are unfortunately not breathing or breathing adequately we are the one's who either help assist a physician or ourselves place the tube down your throat to your lungs allowing you to breathe. This is called Life Support, the machine that is hooked up to the tube is called a mechanical ventilator.

There are many types of ventilators; respiratory therapists know how to run them all. Registered Nurses do not get near enough training to begin to understand all the modes. As well as a regular physician, only if you become an intensivists or a pulmonologists you understand these modes. Most Emergency Room Doctors do not understand all the modes these ventilators are equipped with. The mode depends on the patient and disease process you are dealing with. Most ER doctors, Regular physicians, and RN's rely on the respiratory therapist on advice to make changes to help the patient breathe easier as well and regulate the patient to be able to breathe on their own when we run parameters to see if the patient is ready to be taken off life support. I want you to think about a loved one being on a life support machine, if it is a spouse, child, parent, ect.. would you want the one responsible on running this machine to be licensed?? This licensing board is the only committee that investigates other states Respiratory Care Practitioners have practiced in, and if there has been complaints, suspensions, and or revoking of a license. Therefore, with out this committee RCP's can come to the state of TX apply at a hospital and get a job without the hospital ever knowing that their license could have been revoked in 5 other states. This is a major problem, and this will indeed put the safety of the public at risk!

Any Alternative or New Recommendations on This Agency: As long as there is a board with Respiratory therapists on it who monitor the licensee's. Where ever we best fit. With as much as we pay to have our licsnse I am sure there is enough money to pay these board members to monitor and regulate our profession in this state

My Comment Will Be Made Public: I agree