

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Tuesday, June 10, 2014 2:07:11 PM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Tuesday, June 10, 2014 9:13 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Tuesday, June 10, 2014 - 09:13

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Elizabeth Kelley

Last Name: Buzbee

Title: professor of respiratory care

Organization you are affiliated with: member of Texas Society for Respiratory Care (TSRC) and American Association for Respiratory care (AARC)

City: Kingwood

State: Texas

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

I am a registered respiratory therapist (respiratory care practitioner) who earned my associate degree in respiratory care from Tarrant County Jr. College in 1977. For 37 years I have practiced my profession in hospitals and colleges in the Houston area. I am a registered and active voter and a 5th generation Texan. I have never written a letter to a state legislator before, but faced with the horrors of de-regulation of my beloved chosen field by your Sunset Committee, and fearing for the safety of any Texas patients who deserve to be treated by qualified therapists, I have to react to beg you to not de-regulate the state licensure for respiratory care practitioners.

I know that you have received several letters telling you how important respiratory care is to the general public from patient-based support groups and from both American and Texas associations for respiratory care. I agree with them completely. Mechanical ventilation is so complex and there are so many ways that it could go wrong with even the simplest manipulations. To put it bluntly, an unqualified person handling the life support systems that I and my peers handle daily could quietly kill a patient and no one outside of a credentialed respiratory therapist could figure out how they did it or even that something happened to make the patient go bad. No one. No nurse could, no physical therapist could and few doctors could. We are that specialized. We are not optional; we are mandatory to patient safety.

Due to the fact that I have been in the field for 37 years, I have a

relatively unique view of life without Texas state regulation. Texas' Respiratory Care Act is only 30 years old. Please let me tell you of two instances that I personally witnessed that will show you how critical this licensure is to our field and to the safety of the general public. I know that what I tell you could be repeated by other older RCPs in this state. In 1976, while I was a freshman at Tarrant County Jr. College, I decided that I wanted to get experience at a hospital. My professors tried to talk me out of it, but legally could not prevent me from applying for a job. After a 30 minute interview, in which I carefully explained to the department head that I had not had the mechanical ventilation classes, nor the airway management classes so necessary to be safe in the ER or the ICU, I was hired to perform basic therapy on the floor patient.

On my first weekend on the job, I came to work to discover that I was the only respiratory therapist in the place and that I had complete responsibility for all patients in that small hospital. By midnight, I was notified by nursing that a 14 year old boy was coming in after a suicide attempt. He was not breathing. I immediately called the supervisor in, who took over before that child got to the ER and I quit that job that night. But what if I hadn't had the common sense to understand I was in over my head? Legally, I could have bumbled through that event back in 1976, because there was no state law protecting that poor boy from my inexperience and freshman over-confidence.

A few years before the Texas licensure law was passed, I walked into one of the smaller rural hospitals with my students trailing behind me. We were there for their supervised clinical experience. I discovered that the hospital –which was experiencing some difficulties with hiring qualified respiratory care professionals -- had decided to set up a hospital-based school to “cross-train” their own respiratory staff. The idea was (literally) that their cleaning ladies would cross-train in deliver of oxygen and inhaled respiratory care, when they weren't needed mopping the floors and dumping out the trash. This hospital could do this because there was no law protecting their patients from this decision.

I hope that I have explained the problem that my patients face if you deregulate respiratory care practitioners this month. If we end up as the only two states in the union without regulation, we will be a magnet for the incompetent and the unethical respiratory practitioners who cannot get jobs in their states. Please don't do this.

Any Alternative or New Recommendations on This Agency: do not de-regulate the respiratory care practitioners

My Comment Will Be Made Public: I agree

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Tuesday, June 10, 2014 2:06:55 PM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Tuesday, June 10, 2014 9:39 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Tuesday, June 10, 2014 - 09:39

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Elizabeth Kelley

Last Name: Buzbee

Title: professor of respiratory care at lonestar: kingwood college

Organization you are affiliated with: texas society for respiratory care and america association for respiratory care

City: Kingwood

State: Texas

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

I need to clarify my earlier statement.

When asked my associations in this form, I put down my place of employment because it immediately followed my title and profession. I want to make it clear that I am writing these notes as a private citizen from my home computer and not as an employee of a state college system. After consultation with my boss yesterday, I understand that I need to do this from home.

I am a member of the TSRC which has contacted your committee and I am a longtime member of the American Association for respiratory care which has also addressed this issue. These are probably the associations you were asking for.

Any Alternative or New Recommendations on This Agency: do not de-regulate respiratory care practitioners

My Comment Will Be Made Public: I agree

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Tuesday, June 10, 2014 2:05:17 PM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Tuesday, June 10, 2014 10:08 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Tuesday, June 10, 2014 - 10:07

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Elizabeth Kelley

Last Name: Buzbee

Title: RRT-NPS,RCP professor of respiratory care at lonestar:kingwood college

Organization you are affiliated with: texas society for respiratory care and amerian association for respiratory care

City: Kingwood

State: Texas

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

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College in 1977. For 37 years I have practiced my profession in hospitals and colleges in the Houston area. I am a registered an active voter and a 5th generation Texan.

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I see you have a math background. In school we RCP learn about 100 formulae for all kinds of aspects of our job. A

respiratory therapist must routinely perform a couple of dozen algebra equations to make sure the ventilator settings are safe and effective. One knob change could alter 3 or 4 other functions. This takes a long time to learn and apply and we send our students to clinical sites to practice for at least a year under supervision by qualified RCP.

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Any Alternative or New Recommendations on This Agency: do not deregulate respiratory care practitioners

My Comment Will Be Made Public: I agree