

**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

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-----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

JUN 18 2014

Rhett J. Cutshaver, RRT, BBA

College Station, Texas,

Email: |

June 7, 2014

Senator Jane Nelson  
Chair, Sunset Advisory Commission  
Department of State Health Services  
P.O. Box 13066  
Austin, Texas 78711

Dear Senator Nelson,

I am writing to express my opposition to the proposal by the Sunset Advisory Commission to discontinue licensure for Respiratory Care Practitioners in Texas.

I am aware that the AARC, TSRC, as well as other organizations have sent letters to the Commission regarding this proposal. Their opposition to this proposal has been eloquently stated and the reasons for their opposition are sound and shared by all RCP's in the state.

My intention is not to reiterate their well-stated points. I come to you as a clinical RCP of 25 years to respectfully ask you to reconsider this proposal. After reading the entire body of the Commission's recommendations, I understand the need for streamlining certain processes. I understand the desire for a less onerous regulatory environment, and the need of the State to focus on areas such as mental health.

However, I do not believe the Commission fully understands the role of RCP's in the healthcare system, nor do I feel that the Commission understands the patient-care ramifications of de-licensing RCP's.

The AARC and TSRC, in their respective letters, have made successful arguments as to why RCP's are vital in the patient care role. I would like to reinforce the point that as RCP's, we routinely operate independently. This is especially true in small-mid sized facilities, and in nearly every out-patient setting. It is very common for the RCP to have to make speedy, life-or-death decisions on critically ill patients while awaiting a physician's arrival. These decisions must be made quickly, based on our specialized training, experience, and knowledge. Many factors must be taken into account, including co-morbid conditions, current lab values, x-ray results and an immediate patient assessment.

A large part of our job is patient assessment, and then making decisions based on that assessment. When consulted by a physician, we must pass on a complete, pertinent clinical picture based on our assessment skills so that the physician has the information they need to appropriately treat the patient. An RCP must be able to critically and independently think and problem-solve and provide those solutions to nurses and physicians.

The vast majority of nurses cannot do what an RCP can do. This is not to shed a bad light on nurses, but to simply point out that the training of the two fields is completely different. An RCP receives 2-4 years of training in a specialized area, on highly complex equipment - equipment that most nurses do not even see in nursing school. Every nurse I have discussed this issue with is adamantly opposed to de-licensing RCP's.

I feel the Commission is under the impression that de-licensing RCP's is of little consequence. That, even without a state license, RCP's can continue to function as they do now. This is not accurate.

Were RCP's to become unlicensed, Federal standards set out by the Joint Commission, College of American Pathologists, and Medicare would preclude us from performing about 80% of our current job functions. We would no longer be able to perform or document patient assessments, or communicate with physicians regarding a patient's status, accept verbal or telephone orders, obtain and result certain lab tests, or assist with very common RCP procedures. Those functions would then be pushed on to nurses who are already overworked, understaffed, and who most likely are not equipped to take on that role.

Let me reiterate - Federal standards are very clear on what can and cannot be performed by an unlicensed person. These standards are in place because entities like the Joint Commission expect that any personnel directly involved in patient care in an assessment/decision-making role WILL be licensed by the states in which they work. Having the education and an NBRC credential is not enough to satisfy Federal requirements - a state licensure is a MUST!

If the Commission moves forward with its recommendation to de-license RCP's, it will essentially put 15,000 Texans out of work. Physicians, nurses, and millions of patients will be deprived of the invaluable and irreplaceable role we perform in patient care.

I am all for ridding businesses of needless regulations. However, licensing of healthcare professionals is far from 'needless'. It is vital to the safety, health, and well-being of sick Texans. I fail to understand how the RCP licensing program places such a significant burden on the state that the 'reward' is worth the risk. The RCP program is self-funding - even profitable. The last numbers I saw were that it actually makes about twice what it costs to administer.

My RCP colleagues and I find it disheartening that cosmetologists, tow-truck drivers, combative sports personnel, many building trades, etc are regulated by the State, yet highly trained healthcare professionals who directly affect the public's health and well-being are held in such little regard. If my barber slips and messes up my hair, it will grow back. If an RCP, or a Perfusionist 'slips', it can easily cost someone their life. I fail to see how de-regulating ANYONE who engages in decisions regarding patient care does not pose a 'significant' risk to public health.

On behalf of all Texas RCP's, and the patients we positively impact every day, I implore the Commission to rethink this recommendation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rhett J. Cutshaver', written over the word 'Sincerely,'.

Rhett J. Cutshaver, RCP, RRT, BBA