

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 19, 2014 8:42:34 AM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Wednesday, June 18, 2014 5:07 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Wednesday, June 18, 2014 - 17:06

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Nakala

Last Name: Delarue

Title: RRT

Organization you are affiliated with:

City: Lumberton

State: Texas

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

In May of this year the Sunset Advisory Commission released a Department of State Health Services (DSHS) Staff Report. The Sunset Commission recommended discontinuing 19 regulatory programs currently housed at the DSHS, which includes the Respiratory Care Practitioners Program (Issue 3, pages 4, 41-56; and Appendix E-pages 105-112).

I am greatly concerned that the Sunset Commission recommendation in this report will have a negative impact on patients relying on respiratory care practitioners (RCPs). Medical mistakes are a major cause of morbidity and mortality in the US. The complexity of the current healthcare system, the speed with which new drugs and treatment options reach the market, the technical expertise required of RCPs demands that multiple layers of oversight exist. The fact that a majority of RCPs work in a highly regulated environment, primarily the hospital, does not obviate the need for additional regulation. What about the RCPs that work outside of the hospital? Are they subjected to the same level of regulation as the hospital RCP? The only consistent oversight required of all RCPs occurs through licensure/regulation by the DSHS.

As a consumer of healthcare in the US, I am enormously concerned about entering the hospital and receiving care from a healthcare provider who is not licensed/regulated. When hospitalized I represent a vulnerable population that requires an enormous amount of protection. Therefore, I place an enormous amount of trust in the experts conducting diagnostic testing, treatment modalities, rehabilitation protocols, and disease management education. Licensure/regulation brings with it a requirement to engage in continuing education to maintain the knowledge and skills expected from the position. A loss of regulation will remove a major continuing education requirement thus removing the expertise I expect from RCPs. I understand that regulation cannot prevent medical mistakes and patient harm. But I also believe that regulation can prevent the reoccurrence of medical mistakes and patient harm

by serial offenders. I believe that regulation can attract the type of healthcare provider that I could trust when hospitalized and needing cardiopulmonary care. The argument by the Sunset Commission that the current licensure division generates little regulatory activity makes me feel good that regulation is working. That RCPs are following the requirements set by the DSHS to maintain their license and are conducting themselves in a manner consistent with the rules of the RCP Program is reassuring. At this time I know I can trust the care provided by my RCP and the person providing that care.

It is my understanding that RCPs must complete a formal degree in respiratory care from an accredited college or university and pass a national credentialing exam prior to becoming a licensed RCP in the state of Texas. It is also my understanding that the agency developing and administering the credentialing exam-the National Board for Respiratory Care (NBRC)-does not provide the same level of regulation currently provided by the DSHS. The NBRC is focused on exam development and exam security. The NBRC does not have the ability or power to investigate potential patient harm/safety violations. It is my understanding that the NBRC does not conduct the same, if any, criminal background checks currently provided by the DSHS.

As your constituent, I strenuously object to the recommendation to deregulate RCPs. I support the option for the Respiratory Care Practitioners Program to either remain with the DSHS or to be transferred to the Texas Department of Licensing and Regulation.

Respectfully submitted,
Nakala R Delarue RRT

Any Alternative or New Recommendations on This Agency:

I support the option for the Respiratory Care Practitioners Program to either remain with the DSHS or to be transferred to the Texas Department of Licensing and Regulation.

My Comment Will Be Made Public: I agree