

Sunset Commission Testimony
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In Appendix E (page 108), the Sunset Staff vaguely summarizes the duty of the Respiratory Care Practitioner as “Licensees treat, manage, control, evaluate, and care for patients who have deficiencies and abnormalities associated with the cardiorespiratory system”. This definition is considerably shorter than the one in our Practice Act (604.001), and does not convey the sense of urgency that can exist in the current health care environment – to coin an old quote: “When you can’t breathe, nothing else matters!”

Over 2.8 MILLION Texas have been diagnosed with and are treated for the chronic respiratory conditions of asthma and COPD. At some point, every one of them has had their care positively impacted by the professional services of a Respiratory Care Practitioner, whether it be in teaching proper medication usage techniques, managing mechanical ventilation, ensuring adequate and appropriate Oxygen Therapy, or simply holding their hand and talking about family. RCP’s compose the second largest group of direct care providers (outside of Nursing services) in this great state. These 2.8 million Texans do not include the countless more who are cared for as the result of Cardiovascular, General, and/or Neurologic surgery. Nor does it include those unfortunate souls who end up in Intensive Care as the result of vehicle accidents, stabbings, gunshot wounds, and the like. Respiratory Care Practitioners are always found where the action is, but do not draw the attention to themselves. They simply want to do the best they can for the patients they serve.

Reference has been made in the Sunset Staff report that adequate enforcement regulation is already in place without additional State code. This cannot be perceived as a statement of fact. Participation in surveys such as The Joint Commission (TJC) are voluntary, and are usually payor-based. They can be achieved without specifically credentialing Respiratory Care Services. TJC accreditation is also not a specific requirement under Texas Department of Health requirements. In addition, TJC is primarily a Hospital accreditation, which opens the possibility of completely unregulated care being provided in arenas other than the hospital. Our profession does not have (nor can it achieve) appropriate regulation without Licensure, as the attached letter from the National Board for Respiratory Care explains in detail. The NBRC has no authority to revoke a credential under their Bylaws except in those instances where credentialed therapists fail to meet Continuing Education requirements (if they exist). The American Association for Respiratory Care, along with the Texas Society for Respiratory Care as the chartered

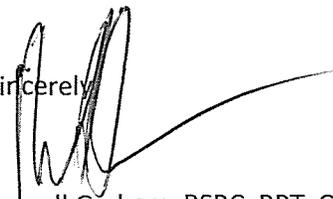
affiliate for our state also have no regulatory function. We can only revoke membership to either Society based on an individual's non-adherence to Bylaws, which do not include any reporting mechanism for unsafe patient care. The TSRC has only revoked one membership in our 43 years of existence.

Because no regulatory body exists (outside of State Licensure), there are individuals in Texas and our border states who have maintained their credentials in spite of revocation of License. Those individuals would become free to practice in Texas should our profession become deregulated. This is an injustice to Texans that cannot be allowed to happen! But it's not just Texans we have to worry about – I work at the Texas Medical Center in Houston. We represent the finest in the world in Cancer, Cardiovascular, and Neurologic care.

I have 28 years of experience in my field. I have worked in Licensed and non-Licensed settings, and I can personally attest that prior to licensure, "pockets" of good care and bad care co-existed. The best model that I can point to is the Veterans Administration, where there is no requirement for state licensure. I have worked for VA, in fact, I ran a Respiratory Care Department. I regularly received applications from individuals who were otherwise un-hirable in that state. It was why they sought VA employment. This has led, as has been commented on in recent press, to a high variability of care in the Veterans Administration. I do not think that the Sunset Commission and/or the rest of the Texas Legislature seek to go down that road...

Lastly, I seek answers from the Commission itself. The primary reason that the report has indicated for a move to delicensure is that based on The Department of State Health Services' inability to focus on public health. In addition, the staff further elaborated on the charge given to the Commission by the Legislature, with a four area focus. The Staff's finding of 2 of their 6 criteria being sufficient to recommend delicensure implies that only a **minority** of the considerations need to be met. This actually places public health at even higher risk! **Respiratory Care Practitioners have been licensed in this state for nearly 30 years, long before DSHS became unable to manage the current health crisis.** Why should my profession be forced to take steps backwards? The potential of adding to the crisis alone should be reason enough to seek to maintain professional licensure in healthcare. There are currently only two states who do not license Respiratory Care Practitioners – Alaska and Mississippi. In both states, the population is much lower than in Texas, and I would venture that both access to and provision of healthcare falls below Texas' expectations! As a RCP with the benefit of experience, and as the President-Elect of an entirely voluntary Professional Society, I ask that you consider the ramifications of your possible decisions. Please grant Texans what they deserve, not what they get.

Sincerely,



Russell Graham, BSRC, RRT, CPFT, RCP