

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 1:53:03 PM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Thursday, June 19, 2014 1:23 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Thursday, June 19, 2014 - 13:23

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Rene

Last Name: Hinojosa

Title: RRT

Organization you are affiliated with: Texas Society for Respiratory Care

City: Weslaco

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or
Opposed:
Date: 6/19/2014

Dear Representative Richard Ramon.

I live in your district and am a licensed Respiratory Care Practitioner (RCP). There are presently 14,614 licensed respiratory care practitioners in Texas.

In May 2014, the Sunset Advisory Commission Staff Report recommended to discontinue 19 regulatory programs currently housed at the Department of State Health Services (DSHS) which includes Respiratory Care Practitioners Program (Page 4, Issue 3 and Pages 106-108, Appendix E).

Licensed RCPs' must complete a specialized, college-based educational training program from an accredited college, and must successfully complete a national credentialing process consisting of rigorous examinations before they are eligible to apply for a state license.

The organization that provides our credentialing examinations does not regulate our profession, nor does the organization that accredits the RT educational programs. The RCPs' are regulated by the Texas Respiratory Care Practitioners Program with the DSHS.

The scope of practice for a licensed RCP is complex. The following are just a few procedures in an RCP's scope of practice:

- Directly manages highly technical mechanical ventilators providing necessary life support for patients who are unable to sustain life on their own.

- Routinely administers prescription medications, including bronchodilators, antibiotics, analgesics, and opioids.
- Assists the physician in diagnosing cardio-pulmonary disease by performing diagnostic procedures and patient assessment
- Performs CPR in all types of health care facilities and on patients of all ages
- Administers medical gases such as oxygen, nitric oxide and helium
- Provides counseling and rehabilitation to patients with cardio-pulmonary diseases
- Functions as members of the Extracorporeal Life Support team
- Works with critically ill patients in all intensive care units (ICUs)
- Serves as an invaluable member of land and air transport teams.

There are numerous reasons to not deregulate RCPs'. Public health and safety is our greatest concern. Licensed RCPs' are direct patient care providers in a profession where extensive specialized skills and training are required and a significant potential risk of harm to the public exists from lack of training education and incompetence. The lack of a formal state licensure process in Texas would mean that RCPs' whom are incompetent, engaged in criminal activity, or have lost their license to practice in another state can work in Texas without any review or screening to protect the citizens of Texas.

My recommendation is not to deregulate RCPs', but 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,
Rene Hinojosa, RCP

Any Alternative or New Recommendations on This Agency: Do not deregulate RCPs

My Comment Will Be Made Public: I agree

Rene Hinojosa, RRT, RCP

I would like to thank the advisory members of the Sunset Committee for granting the opportunity to hear public testimony, in regards to a recent proposal which will affect RCPs. The proposal I am speaking of is the Sunset Committee's recommendation to deregulate and de-license RCPs in the state of Texas.

Therefore, on behalf of all respiratory care practitioners, or RCPs, I hereby voice disagreement and argue against such a proposal.

A principal argument that was stated in the Sunset Committee's report is that the current regulatory agency, Texas Department of State Health Services (TDSHS), averages little complaints per year against respiratory care certificate holders. It is their perspective that such limited activity may not warrant the existence and function of TDSHS. The TDSHS agency, along with the National Board for Respiratory Care (NBRC), and the Respiratory Therapy Technology programs found across the nation, each has a specific function to ensure that individuals who enter the profession meet a high standard. It is perceivable that the small amount of complaints levied against RCPs reflects how successful these entities are at keeping those standards in check.

Also, the commission has applied a risk based matrix criteria which has placed RCPs in the category for deregulation and de-licensure. Such criteria may prove to be inconclusive for a number of reasons. For the most part, the practice and scope of respiratory care varies from facility to facility, and is dependent on numerous factors unique to the setting. In most hospitals, respiratory care practitioners perform nebulizer therapy, CPR, ventilator management, etc., where most often, physicians are present somewhere in the building. While other specialized institutions, like Long Term Acute Care Hospitals (LTACHs), employ RCPs who work independently with a high degree of autonomy and where physicians are not always present. Physicians rely on RCPs to recognize, intervene, and sometimes avert critical situations involving patient care or equipment malfunctions in their absence. In such a setting, RCPs assist with more specialized care such as inserting artificial airways, which require higher technical skill, to assisting with a Bronchoscopy procedure.

The summarized examples listed in the previous paragraph point out how varied and invasive the scope of practice respiratory care has become, and therefore, is high risk and not "a low risk to public health or safety" as the commission asserts in the report.

Finally, I will re-emphasize to please reconsider the motion to deregulate and de-license RCPs in the State of Texas. As an alternative, as was recommended by the American Association for Respiratory Care (AARC) consider the transfer of licensing authority for RCPs to the Texas Department of Licensing and Regulation and include them in the first phase of the transfer to begin September 1, 2015 to be completed by August 31, 2017.