JUN 16 2014

Date: 6-11-14

Dear Senator Jane Nelson

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:

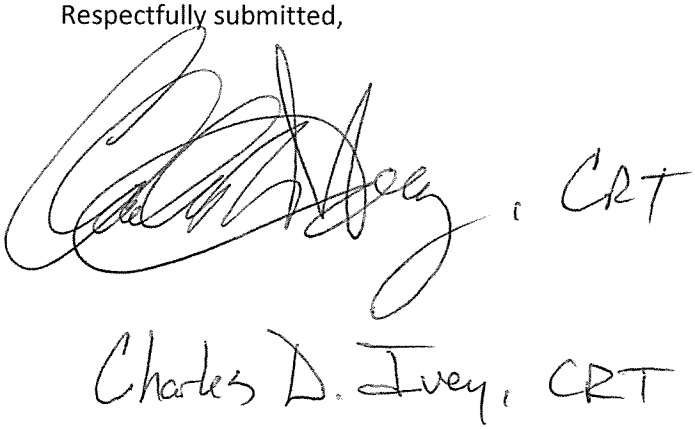
- Directly manages highly technical mechanical ventilators providing necessary life support for patients who are unable to sustain life on their own.
- Routinely administers prescription medications, including bronchodilators, antibiotics, analgesics, and opioids.
- Assists the physician in diagnosing 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,



Charles D. Ivey, CRT