

**From:** [Sunset Advisory Commission](#)  
**To:** [Janet Wood](#)  
**Subject:** FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Friday, June 13, 2014 1:11:44 PM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Friday, June 13, 2014 1:11 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Friday, June 13, 2014 - 13:11

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Mary Ellen

Last Name: Jackson

Title:

Organization you are affiliated with: University Medical Center at Brackenridge

City: Austin

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed: Opposed to De-Licensure of Texas Respiratory Care Practitioners

Any Alternative or New Recommendations on This Agency:

14,568 respiratory care practitioners (RCP) are currently licensed to practice respiratory care in the great state of Texas. The Respiratory Care Practice Act was signed into law by the Texas Legislature in 1986, almost 30 years ago to ensure oversight of this growing healthcare profession. Since that time there have been some very significant advances in the art and science of respiratory care. These advancements include treatment modalities, invasive and non-invasive procedures, diagnostic testing, medical equipment such as mechanical ventilators and medications for the treatment of asthma and COPD.

Specialty credentials and exams for special certifications have also been established for asthma education, neonatal and pediatric specialists, smoking cessation counselors, and pulmonary rehabilitation specialist just to mention a few. Although respiratory therapists are credentialed by the NBRC, the NBRC does not regulate or provide oversight of respiratory therapists – they are simply the national testing and credentialing agency for the respiratory care profession. With the advance of the technology, new medicines, new procedures and diagnostic testing came the need for better trained and qualified respiratory therapists (respiratory care practitioners) and the need for close oversight and regulation, which led to the development of several new respiratory care education programs. There are now several Texas colleges offering Respiratory Care programs of study leading to either Associate, Bachelor or Master degrees. The licensure requirement for RCP's in Texas was an important catalyst in the establishment of those programs. Such programs help to develop critical thinking skills in the students, which ultimately leads to better and safer care for the patients treated by respiratory care practitioners in Texas – which was the intention of the Respiratory Care Practice Act. Since the passage of the Respiratory Care Practice Act there has been a very low incidence of disciplinary action against licensed RCP's, which is a testament to the fact that the Act has achieved its intended goal. I as a practicing RRT rigorously opposes the effective de-licensing of RCP's in the state of Texas. I

believe it is bad for patients, bad for respiratory education programs, bad for health care facilities, and bad for Texas. De-licensing RCP's will lead to an increase in medical mistakes, malpractice, and increase liability for all concerned.

Ultimately this will lead to an increase in the cost of care.

It is not enough to assume that other state or local regulatory programs are sufficient to replace licensure of RCPs. Although respiratory therapists work at the direction of a physician, they often practice without direct supervision and exercise a great degree of independent judgment, especially outside of the hospital setting. A high degree of specialized education and clinical skill is essential in treating serious respiratory illnesses. Without assurances as to the competency of the individual, injury and even death can result from even the most routine interventions (e.g., administration of medical gases) due to incompetent practice. Licensure adds a safety net for patients. If Texas were to repeal licensure, it would become a refuge as the only state in the contiguous United States without respiratory therapy licensure. Texas would become a magnet for individuals who do not meet the qualifications for licensure in their own states. Texas would become a haven for those who have had their license rescinded or attract those who had committed an act that would render them ineligible for licensure in other states.

Respiratory care practitioner licensure in Texas has been a success and has accomplished the intent of the legislature, which is to protect the public safety and health from incompetent individuals rendering the complex cardio-pulmonary services and procedures that is the profession of respiratory therapy. I urge you to remove respiratory care practitioners from the list of health care professions recommended to be "discontinued" and, as an alternative, transfer the licensing authority of these professionals to the Texas Department of Licensing and Regulation where the function is better suited.

Thank you for your consideration

Mary Ellen Jackson, RRT

My Comment Will Be Made Public: I agree