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Senator Jane Nelson
Chair, Texas Sunset Advisory Commission
P.O. Box 13066
Austin, Tx 78711

6-10-14

Senator Nelson

I am a licensed Respiratory Care Practitioner (RCP) living in your district. 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 the 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/university, and must successfully complete a national credentialing process consisting of rigorous examinations before they are eligible to apply for a state license. However, the organization that provides our credentialing examinations does not regulate our profession, nor does the organization that accredits the respiratory care educational programs. The Texas Respiratory Care Practitioners Program with the DSHS regulates the RCPs. Licensure of the respiratory therapist can ensure that diagnostic testing, therapy procedures, and education provided to patients in **any** setting are performed by a respiratory therapist who meets the standards that the state deems necessary to render such care. The impact of de-licensure would permit unqualified and undocumented individuals the unfettered legal ability to attest that they are RCPs and perform the range of services outlined in both the CRT and RRT Content Outlines for which they may not be competent.

The scope of practice for a licensed RCP is complex. The following are just a few procedures in an RCPs 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 continue current regulation of RCPs. Public health and safety is our greatest concern. Licensed RCPs are direct patient care providers in a profession where specialized skills and training are required. A significant potential risk of harm to the public exists when we foster an environment of minimal oversight, limited education and professional incompetence. Respiratory therapists work in a variety of settings, e.g. hospitals, doctor's offices, clinics, home health companies, durable medical equipment companies, sleep labs, etc. Regulation in Texas guarantees that all licensed therapists are held to the same ethical and professional standards regardless of the place of employment. The ethical and professional standards set forth in the Respiratory Care Practice Act far exceed the ethical standards required by our national credentialing agency. In addition, the complaint process is more difficult and cumbersome at the national level versus at the current state level. The shear number of employers available to a credentialed therapist would delay the reporting of unethical behavior and patient safety violations to a national agency (that is in the business of credentialing, not regulating). 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.

The Respiratory Care Practitioners Program through the DSHS requires the completion of continuing education to maintain licensure. De-regulation would effectively remove continuing education requirements for many respiratory therapists in Texas. Although the National Board for Respiratory Care (NBRC) requires continuing education to maintain an earned credential, the Respiratory Care Practice Act requires a greater number of continuing education hours to maintain licensure. In addition, there is no continuing education requirement by the NBRC to maintain a credential earned prior to 2002. The medical field changes rapidly and continuing education requirements ensure healthcare providers are up-to-date with current research, standards and evidence-based practice.

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,

Glenda Myers RCP. RRT

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