

6/22/14

Dear Representative: Dr. Dawn Buckingham

I am enrolled in a Respiratory Care Program at El Paso Community College. My class has learned that on 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).

The steps that I, as a student, must take to develop the skill sets required to become a licensed Respiratory Care Practitioner (RCP) are many. The minimum education requirement is an Associate in Applied Science degree in Respiratory Care. Before providing patient care, I must prove competency by passing written examinations and demonstrating laboratory competence to my instructor. Once in the hospital, I will be directly observed by my instructor and I must demonstrate and complete the same competencies to prove correct performance and delivery of patient care. To obtain the critical thinking skills required to make quick life or death decisions as an RCP, I must complete hundreds of hours in all areas of the hospital: medical/surgical, telemetry, adult intensive care, neonatal and pediatric intensive care, the emergency room, and the pulmonary function laboratory. Completing case studies, rounding with physicians, and delivering care are intense, challenging assignments. Additionally, I will be required to perform and interpret diagnostic procedures such as pulmonary function studies and arterial blood gas analysis. Each term in the program builds on the last, with more intense testing and proficiency building.

In addition to the competencies already mentioned, the following are just a few additional components in the curriculum:

- Directly managing highly technical mechanical ventilators to provide necessary life support for patients who are unable to sustain life on their own. These ventilators breathe for patients who cannot breathe for themselves or who need assistance to breathe.
- Understand the indications, hazards, contraindications, and dosages of prescription medications, including bronchodilators, antibiotics, Mucolytics, and steroids. These medications are administered to patients with lung disease such as acute asthma, Chronic Obstructive Pulmonary Disease (COPD), and respiratory failure.
- Assist the physician in performing special procedures and diagnosing cardio-pulmonary disease by performing diagnostic procedures and patient assessment
- Perform emergency cardiopulmonary resuscitation (CPR) on adult, pediatric and neonatal patients.
- Administer medical gases such as oxygen, nitric oxide and helium
- Provide counseling/education to patients with cardio-pulmonary disease
- Have concrete knowledge of cardiopulmonary anatomy, physiology and pathology.

Once I graduate from the Respiratory Care Program, I will then sit for the credentialing examination provided by the National Board for Respiratory Care (NBRC). **NOTE:** I understand the NBRC does not regulate RCPs; it simply provides the credentialing examinations. It is the responsibility of the Department of State Health Services (DSHS) to regulate who works as an RCP. My next step will be to apply for a Texas License from the DSHS. I understand that before issuing my license, the DSHS will make sure I don't have a criminal history, and all requirements to obtain my RCP license have been met. (including the CRT credential).

My little experience has already convinced me there are numerous reasons to not deregulate RCPs. Public health and safety is the primary concern. Once I am licensed I will be responsible for providing care to patients of all ages. I must ensure that I am thoroughly prepared to provide direct patient care in a skilled, professional manner. I am thankful I made the choice to go through extensive specialized training. This will ensure that significant potential risks to my patients are eliminated and that I will be able to provide quality care to my patients. Education is expensive and extensive. The RCP license is intended to protect the consumer from incompetence and because we have such a high grade of responsibility to our patients there needs to be a standard method through the state for monitoring the clinical performance of every practitioner in Texas. Without the licensing requirement, hospitals and other patient care providers would not be required to hire individuals who meet all the requirements described above. Additionally, individuals with a history of criminal activity, or who have had their license suspended or revoked in another state could, potentially, work in Texas without any review or screening to protect the consumers of healthcare in Texas.

I am convinced I made the right career choice when I decided to become a Respiratory Care Practitioner. I will be proud to be a member of this profession. Forty-eight other states in the country have a license requirement for Respiratory Care Practitioners. Why would the biggest state in the union want to deregulate RCPs? I urge you to give your decision special consideration. Texas should want to upgrade the quality of health care being delivered in our state; not degrade. My recommendation is to not deregulate RCPs.

I look forward to graduating, obtaining my two credentials (CRT/RRT), and applying for my Texas license.

Respectfully submitted,
Ivan Ortiz, Respiratory Therapy Student