

My name is Lisa Thomas. I'm an Advanced Practice Registered Nurse. I'm the Director of Clinical Education for The Institute for Rehabilitation and Research, known as TIRR Memorial Hermann. In that role, I am responsible for providing initial training and ongoing staff development activities for clinicians in the rehabilitation units across eight Houston-area facilities.

We work together to coordinate care for a vulnerable population, those recovering from catastrophic injury.

I appreciate your willingness to hear public comment on the recommendations made to the Department of State Health Services' Issue 3. I strongly feel that discontinuing the state licensure process for Respiratory Therapists would lower the standard of care in many settings. I try to imagine if nursing licenses depended only on a single initial exam, without an ongoing system for background checks or disciplinary processes, and worry this change could allow unsavory individuals to remain in practice, placing those in their direct care at risk.

If licensure is to be discontinued, facilities that serve clients with long-term respiratory needs may not be able to uphold independent oversight of this profession. They may choose to assign respiratory care duties to nursing staff members who are unprepared to assume that role. A competent RT completes continuing education on pulmonary care topics in order to stay up-to-date with changes in practice. The initial training for RTs also covers critical care content in greater depth than that required for entry level practice in other disciplines.

I know first-hand the positive results skilled RTs can bring about on a unit, in emergency situations, and in their daily practice.

As an example, our Spinal Cord Injury rehabilitation program currently provides services to individuals who require ventilator support, and has a strict protocol for assisting those being weaned from this mechanical breathing assistance. This program has a very high success rate. Weaning from dependence on a ventilator is a vital step in recovery of independence, but it requires many hours, over 20 days' time, to reach this milestone. Unit nurses overseeing the care of five to eight acutely ill patients each day are currently unprepared to provide this level of expert support. Respiratory Care is a specialty practice crucial to the achievement of life-changing outcomes for patients in our care.

In the Sunset recommendations, regulatory oversight of some 12 other occupations is to be transferred to the Texas Department of Licensing and Regulation, while some others remain with DSHS, and some, including Respiratory Care Practitioners, have licensure discontinued. I support the American Association for Respiratory Care in its effort to maintain consistent professional standards, and request that Respiratory Therapists continue to be licensed in the state of Texas, as is the case in 48 other states, with oversight moved to the agency with licensure as its sole focus, the TDLR.

I thank you for your time and consideration of this matter, and can clarify my statements, if there are any questions.