

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Monday, June 16, 2014 8:09:15 AM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Sunday, June 15, 2014 6:30 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Sunday, June 15, 2014 - 06:29

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Juan

Last Name: Vasquez

Title: Respiratory Care Practitioner (RCP)

Organization you are affiliated with: Texas Department of Health

City: San Antonio

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or
Opposed:

Dear Dr. Buckingham

I currently reside in your district and have been informed of some troubling news regarding a Sunset Advisory Commission report.

In May of this year the Sunset Advisory Commission released a Department of State Health Services (DSHS) Staff Report. The Sunset Commission recommended discontinuing 19 regulatory programs currently housed at the DSHS, which includes the Respiratory Care Practitioners Program (Issue 3, pages 4, 41-56; and Appendix E-pages 105-112).

I am greatly concerned that the Sunset Commission recommendation in this report will have a negative impact on patients relying on respiratory care practitioners (RCPs). Medical mistakes are a major cause of morbidity and mortality in the US. The complexity of the current healthcare system, the speed with which new drugs and treatment options reach the market, the technical expertise required of RCPs demands that multiple layers of oversight exist. The fact that a majority of RCPs work in a highly regulated environment, primarily the hospital, does not obviate the need for additional regulation. What about the RCPs that work outside of the hospital? Are they subjected to the same level of regulation as the hospital RCP? The only consistent oversight required of all RCPs occurs through licensure/regulation by the DSHS.

As a consumer of healthcare in the US, I am enormously concerned about entering the hospital and receiving care from a healthcare provider who is not licensed/regulated. When hospitalized I represent a vulnerable population that requires an enormous amount of protection. Therefore, I place an enormous amount of trust in the experts

conducting diagnostic testing, treatment modalities, rehabilitation protocols, and disease management education. Licensure/regulation brings with it a requirement to engage in continuing education to maintain the knowledge and skills expected from the position. A loss of regulation will remove a major continuing education requirement thus removing the expertise I expect from RCPs. I understand that regulation cannot prevent medical mistakes and patient harm. But I also believe that regulation can prevent the reoccurrence of medical mistakes and patient harm by serial offenders. I believe that regulation can attract the type of healthcare provider that I could trust when hospitalized and needing cardiopulmonary care. The argument by the Sunset Commission that the current licensure division generates little regulatory activity makes me feel good that regulation is working. That RCPs are following the requirements set by the DSHS to maintain their license and are conducting themselves in a manner consistent with the rules of the RCP Program is reassuring. At this time I know I can trust the care provided by my RCP and the person providing that care.

It is my understanding that RCPs must complete a formal degree in respiratory care from an accredited college or university and pass a national credentialing exam prior to becoming a licensed RCP in the state of Texas. It is also my understanding that the agency developing and administering the credentialing exam-the National Board for Respiratory Care (NBRC)-does not provide the same level of regulation currently provided by the DSHS. The NBRC is focused on exam development and exam security. The NBRC does not have the ability or power to investigate potential patient harm/safety violations. It is my understanding that the NBRC does not conduct the same, if any, criminal background checks currently provided by the DSHS.

As your constituent, I strenuously object to the recommendation to deregulate RCPs. I support the option 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,

Juan E. Vasquez, B.S. RRT

Any Alternative or New Recommendations on This Agency:

As your constituent, I strenuously object to the recommendation to deregulate RCPs. I support the option for the Respiratory Care Practitioners Program to either remain with the DSHS or to be transferred to the Texas Department of Licensing and Regulation.

My Comment Will Be Made Public: I agree

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: RCP Deregulation
Date: Monday, June 23, 2014 8:28:22 AM

From: Juan Vasquez
Sent: Sunday, June 22, 2014 10:49 PM
To: Sunset Advisory Commission
Subject: RCP Deregulation

Date: 06/22/14_____

Dear Tom Luce,

Whether I live in your district or not I am writing all the members of the Sunset Commission in a show of support for my kindred licensed Respiratory Care Practitioner's (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,
Juan E. Vasquez, B.S., RRT, RCP