



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Thursday, October 5, 2006
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

To voice opposition to the budget cuts that would cut RCP licensing - endangering patients

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Terry Gilman, President-Elect TSRC; ADDRESS: 6913 Sugar Maple Cr.; CITY: PLANO; STATE: TX; ZIP: 75023; PHONE NUMBER: 972-577-9111; REPRESENTING: TSRC

Signature:

Handwritten signature of Terry Gilman

Date:

10/5/06

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



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Summary of Comments:

LICENSE RESPIRATORY CARE

Registrant information:

Please PRINT clearly

NAME:	MICHAEL MARK BS, RRT, RP				
ADDRESS:	9425 W. MARSHALL SUITE 100				
CITY:	DALLAS	STATE:	TX	ZIP:	75063
PHONE NUMBER:	(972) 243-2872	REPRESENTING:	ARRC		

Signature: Michael J. Mark Date: 10/5/06

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AMERICAN ASSOCIATION FOR RESPIRATORY CARE
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063-4706
(972) 243-2272, Fax (972) 484-2720
<http://www.aarc.org>, E-mail: info@aarc.org

August 30, 2006

Eduardo J. Sanchez, MD, MPH
Commissioner
Texas Department of State Health Services
1100 W. 49th St
Austin, TX 78756

RE: Proposed changes in the Legislative Appropriations Request (LAR) for the Department of State Health Services (DSHS) to eliminate licensure regulation for the profession of respiratory care.

Dear Commissioner Sanchez:

The American Association for Respiratory Care (AARC), based in Irving, TX, is the national professional association representing over 40,000 respiratory care practitioners. The AARC is unequivocally opposed to the proposed Legislative Appropriations Request (LAR) for the Department of State Health Services to eliminate Texas mandatory state licensure for the respiratory care practitioner (RCP).

If implemented, the elimination of licensure of the respiratory care practitioner will immediately place the health, well-being and safety of pulmonary patients in jeopardy. Without mandatory licensure *anyone* may legally claim they are a respiratory care practitioner and be hired as such with absolutely no oversight by any regulatory body.

Twenty years ago, the Texas state legislature and Governor recognized the urgent need to license, monitor and set clear standards and guidelines for anyone endeavoring to practice respiratory care and hold himself/herself out as a respiratory care practitioner. Thus mandatory licensure for the respiratory care practitioners was enacted in 1986.

There has been no change in the foundation on which the state of Texas recognized that it was essential to license this life-sustaining profession and practitioners of respiratory care. Indeed the profession has, over the last 20 years, become more complex and now requires more formal education to master the intricacies of the clinical components of the profession.

Scope of Practice of the Respiratory Care Practitioner

Respiratory care is a highly specialized allied health discipline focused on the management and treatment of lung disease and illness. Respiratory care practitioners

treat patients with acute and complex respiratory problems in a broad spectrum of settings.

Respiratory care practitioners assess the status of patients' health and recommend medications and delivery devices to the attending physician. In collaboration with physicians, they design, implement, and modify respiratory therapy treatment plans. Using protocol-based care, respiratory care practitioners initiate, conduct, and modify prescribed therapeutic procedures, assist physicians performing special procedures, and conduct pulmonary rehabilitation. They select appropriate equipment, verify its operation, correct malfunctions, and assure that it will not contribute to infections. New techniques, new procedures, new respiratory drugs, new and more complex equipment continues to enter the realm of respiratory care.

Implications for Eliminating Respiratory Care Licensure

1. Anyone can call themselves a respiratory care practitioner.

As stated above, to rescind licensure for the respiratory care practitioner is to legally permit **any** individual to use the term respiratory therapist, respiratory care practitioner or any other term that would lead patients, consumers and employers to assume that these individuals have graduated from an accredited education program and have passed a valid and reliable competency examination and are indeed health care professionals.

Without licensure there will be:

- ***no state requirement*** that the individual purporting to be a respiratory care practitioner or respiratory therapist has completed a formal accredited respiratory therapy education program
- ***no requirement*** that the individual has obtained competency via a valid and reliable examination
- ***no requirement*** for anyone to establish that they have no criminal record
- ***no requirement*** that the individual maintain continuing education.

2. A national exam doesn't cover all that licensure accomplishes.

A statement used as a rationale for elimination of respiratory care licensure in an August 18th, 2006 letter from Texas Department of State Health Service to Mr. Gary Herrin of the Texas Society for Respiratory Care states:

“...the availability of a national examination and certification...”

It is a misguided notion, that a national exam will somehow take the place of the standards and guidelines required by professional licensure.

Licensure, as we believe the Department of Health is well aware, is far more than just verification that a competency exam has been taken. Licensure involves detailed review of applications, background verification, continued education documentation, and disciplinary investigation, review and action.

We would point out as a limited example that in the state of Texas the following licensed health professions also have national examinations and certifications, yet we do not see these professions slated for elimination:

Physical therapy
Occupational therapy
Message therapy
Funeral Service Directors
Radiological Technologists

3. Respiratory care practitioners provide a significant amount of health care to Texas citizens outside of the hospital.

Another portion of the same August 18 letter to Mr. Herrin states the following:

“.....whether primary practice occurs in a controlled environment compared to independent practice.”

Respiratory care is a dynamic and ever-evolving profession. New techniques, new procedures, new respiratory drugs, a new focus on disease management programs for asthma, smoking cessation, COPD, and new and more complex equipment continues to enter the realm of respiratory care. A combination of financial pressures and medical advancements have altered the patient health care paradigm. Respiratory care services that were once only performed in a hospital are now being rendered in a variety of health care settings outside of the hospital.

According the 2005 AARC National Manpower Survey, clearly one third of all Texas respiratory care practitioners work outside of the hospital environment. Since 2000 when the survey was previously conducted the percentage of respiratory therapists who work in nursing homes, home care, home care equipment companies, physician offices, clinics, rehabilitation centers, sleep lab facilities has increased by 25%. There is a clear trend that respiratory care practitioners will provide in increasing numbers respiratory services outside of the hospital setting.

We again reiterate, that respiratory care practitioners, as physician extenders, provide their services to patients of all ages, from the elderly to children with minimal direct physician supervision. In other words respiratory care practitioners, particularly outside of the hospital, render services without a physician's presence.

Moreover, there are non-traditional business entities that are entering the health care service market. The AARC is concerned that there is a growing trend in the country for health care employers to attempt to utilize unlicensed individuals to provide respiratory care services in various health care settings. Scrutinizing and assessing these evolving entities is critical to assuring that only respiratory care services provided by qualified and licensed individuals is being rendered. This is but one of the roles a Licensure Board assumes, that is permitting only qualified individuals to render respiratory care services. Elimination of respiratory care licensure throws the door wide open to sanctioning these new health care entities to use anyone with no need to document any qualifications or competence in respiratory therapy to provide it to the unsuspecting citizens of Texas.

4. Texas will be the only state in the continental U.S. without licensure.

Texas will become the only state in the contiguous 48 States (and The District of Columbia and Puerto Rico) without licensure of the respiratory care practitioner and the respiratory profession. Texas, therefore will become a magnet for every failed respiratory therapist (those who DO have the education and HAVE taken the competency exam), for any individual who has had his/her respiratory therapy license revoked and as stated above for anyone who simply chooses to state he/she is a respiratory therapist.

5. Texas will not be able to participate in the National Disciplinary Database.

All state respiratory care Licensure Boards, including Texas have free access to a national database maintained by the National Board for Respiratory Care. This database contains information on state licensure board actions against licensed RCPs. Thus, when an individual applies for a license in any state, the licensure board may check with the database to determine if the applicant has had a license revoked or other disciplinary action taken against him or her. This vital information from the database is used throughout the country to make determinations on the appropriateness for issuing a license.

With the elimination of RCP licensure, Texas will neither be giving important information to other states, nor will it benefit from the knowledge bank of information available on personnel.

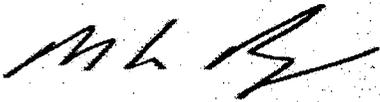
6. Eliminating a self-funding board will not mitigate the States' financial pressures.

While the AARC understands and acknowledges the financial pressure that is driving the initiative to eliminate licensure for certain professions, we cannot understand the logic of eliminating the self-funding Respiratory Care Board. We would point out that the Texas Board of Respiratory Care generates income that exceeds its cost of operation. The Respiratory Care Licensure Board administrative costs are paid for via licensure fees from the respiratory care practitioner and not the rest of the citizens of Texas. The general fund of the state of Texas will not benefit with the abolition of the Board of Respiratory Care.

The AARC is comprised of 52 state/territories affiliated societies and the Association has devoted the past 25 years in assisting our state societies in their efforts to protect the health and safety of the respiratory patient by advocating, funding and assisting in state efforts to enact mandatory state licensure of respiratory care practitioners. Forty-eight states, the District of Columbia and Puerto Rico all have recognized that, for the safety of its citizens, the provision of respiratory care or respiratory therapy services demands that both the profession and the professional be regulated by the state. Only Hawaii and Alaska are without state regulation and both of these state societies are involved in the legislative process to enact mandatory respiratory licensure.

Ultimately, it will be the citizens of Texas and the respiratory patient who will suffer the consequences if the elimination of respiratory care licensure is implemented. The AARC urges the Department in the strongest possible terms to dismiss any further consideration of the elimination of respiratory care licensure and the Board that oversees this critical patient safety function.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. W. Runge', with a stylized flourish at the end.

Michael W. Runge, RRT
President

cc: Kathryn C. Perkins, RN, MBA
Machell Pharr