



**House  
Legislative  
Analysis  
Section**

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**LICENSE RESPIRATORY THERAPISTS**

**RECEIVED**

**APR 17 1989**

House Bills 4326 and 4327  
Sponsor: Rep. Curtis Hertel  
Committee: Public Health

Mich. State Law Library

Complete to 3-13-89

**A SUMMARY OF HOUSE BILLS 4326 AND 4327 AS INTRODUCED 3-2-89**

House Bill 4326 would amend the Public Health Code to require the licensing of respiratory care practitioners (also known as respiratory therapists), and would create a seven-member licensing board made up of four practitioners, one physician medical director of respiratory therapy services, and two public members. The initial license would be obtained by demonstrating on an examination the degree of knowledge commonly and generally required of a graduate of an accredited respiratory care practitioner program in the United States; the board could not prevent an applicant from taking the exam because of a lack of specific previous education, training, or experience. The board could waive the exam if an applicant had made an acceptable score on a national examination, if the applicant were sponsored by a physician and applied for licensure within 90 days after the bill took effect, or if the applicant applied for reciprocal licensure under the Public Health Code.

Except in emergency situations, a respiratory care practitioner would be able to provide services only under the supervision of a qualified physician and only in a setting where a qualified physician medical director of respiratory care services established and regularly reviewed the standards of respiratory care. Under the supervision of a qualified physician, a practitioner could make calls or go on rounds in private homes, public institutions, emergency vehicles, ambulatory care clinics, hospitals, intermediate and extended care facilities, health maintenance organizations, nursing homes, and other health care facilities to the extent permitted by the facilities. The bill would prohibit respiratory care practitioners from undertaking or representing that they were qualified to undertake the provision of any service they knew or should have known to be outside their competence or that was lawfully prohibited.

The bill would define "practice as a respiratory care practitioner" to mean "a practice as a health care professional employed under the supervision of a qualified physician in the treatment, therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities which affect the respiratory system and associated aspects of cardiopulmonary and other systems functions." It would include (but would not be limited to) "the transcription and implementation of the written and verbal orders of a physician pertaining to the practice of respiratory care and the administration of medications." The bill also would define "qualified physician" to mean a physician who has "education, training, or special interest and background in the treatment of patients with cardio-respiratory disorders."

The bill also contains provisions regarding privileged communications and services performed at the scene of an emergency, restricts the use of certain titles and initials, and says that the bill "does not require new or additional third party reimbursement for services rendered by respiratory care

House Bills 4326 and 4327 (3-13-89)

practitioners."

House Bill 4327 would amend the State License Fee Act to set licensing fees for respiratory care practitioners: \$20 for an application processing fee; \$150 for an examination fee; \$55 for an annual license fee; and \$35 for a temporary license.

The bills are tie-barred.

MCL 333.16131 et al. (House Bill 4326) and  
MCL 338.2270 (House bill 4327)