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House Bill 4236 (as passed by the House)
Sponsor: Representative Stephen Ehardt
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 6-11-03

CONTENT

The bill would amend the Public Health Code, and add Part 187 (Respiratory Care) to the Code, to do the following:

- Prohibit individuals from using the term "respiratory therapist" (or "R.T.") or "respiratory care practitioner" (or "R.C.P.") unless registered as a respiratory therapist.**
- Establish criteria for registration.**
- Establish an application processing fee of \$20, and a registration fee of \$75 per year, for an individual registered or seeking registration as a respiratory therapist.**
- Permit the Department of Consumer and Industry Services (DCIS) to issue temporary registrations, and require temporary registrants to pay a \$75 annual fee.**
- Require the DCIS to issue a registration as a respiratory therapist to an individual who held a registration or certification from the National Board for Respiratory Care on or before the bill's effective date.**
- Create the Board of Respiratory Care and prescribe its responsibilities.**

The bill states that Part 187 would not require new or additional third party reimbursement or mandated workers' compensation benefits for services rendered by an individual registered as a respiratory therapist.

Part 187 would be created within Article 15 of the Code, which contains general and specific regulations for health occupations.

Restricted Titles

The bill provides that "respiratory therapist" and a "respiratory care practitioner" would mean an individual who was responsible for providing respiratory care services under the written, verbal, or telecommunicated order of a physician to individuals with disorders and diseases of the cardiopulmonary system, including life support, cardiopulmonary resuscitation, and delivery of cardiopulmonary medications, and who was registered under Article 15 as a respiratory therapist.

("Respiratory care services" would mean the provision of preventative services, diagnostic services, therapeutic services, and rehabilitative services under the written, verbal, or telecommunicated order of a physician to an individual with a disorder, disease, or abnormality of the cardiopulmonary system as diagnosed by a physician. Respiratory care services could be provided by an inpatient or outpatient service or department within a health facility, by a home care agency or durable medical equipment company, or by an educational program.)

An individual could not use the title "respiratory therapist", "respiratory care practitioner", "R.T.", or "R.C.P.", or similar words indicating that he or she was a respiratory therapist, unless the individual was registered as a respiratory therapist, after the effective date of rules for respiratory therapists promulgated by the Department.

Registration Requirements

The Department would have to require all of the following, in promulgating rules to establish criteria for registration:

- Successful completion of an accredited respiratory therapist training program approved by the Department.
- At least a two-year Associate's degree from an accredited college or university approved by the DCIS.
- The credential conferred by the National Board for Respiratory Care or its successor organization as a respiratory therapist or its successor credential, as approved by the DCIS.

An individual registered or seeking registration as a respiratory therapist would have to pay an application processing fee of \$20 and an annual registration fee of \$75.

Temporary Registration

The Department could issue a temporary registration as a respiratory therapist to an applicant who did not meet all of the requirements established by the DCIS, if the applicant did all of the following:

- Applied to the DCIS for a temporary registration within one year after the bill's effective date.
- Provided satisfactory proof to the DCIS that he or she had been employed full-time as a respiratory therapist for the four years immediately preceding the date of application in one of the following: an inpatient or outpatient respiratory care service or department within a licensed health facility; a durable medical equipment company or home care agency; or a respiratory care educational program.
- Provided the DCIS with a letter of recommendation from his or her medical director at the time of application, attesting to the applicant's clinical competence as a respiratory therapist.
- Paid the applicable fees.

A temporary registration would expire within the same time period as a nontemporary registration issued by the Department. The holder of a temporary registration could renew his or her registration, but for not more than a total of four years.

The holder of a temporary registration would be subject to Part 187, except for registration requirements, and the rules promulgated under this part.

Board

The bill would create the Michigan Board of Respiratory Care in the DCIS. The Board would consist of seven members: one medical director; two public members; and four individuals who met the requirements of Section 16135(2) of the Code. (Section 16135(2) provides that a member of a health occupations board must 1) be certified or otherwise approved by a national organization that certifies or otherwise approves individuals in the profession, and 2) have actively practiced the profession, or taught in an educational institution that prepares applicants for licensure or registration in that profession, or combination of both, for at least two years immediately preceding appointment by the Governor.) Each member's term would expire four years after appointment on December 31.

A "medical director" would be a physician who was responsible for the quality, safety, appropriateness, and effectiveness of the respiratory care provided by a respiratory therapist, who assisted in quality monitoring, protocol development, and competency validation, and who met all of the following:

- Was the medical director of an inpatient or outpatient respiratory care service or department within a health facility, or of a home care agency, durable medical equipment company, or educational program.
- Had special interest and knowledge in the diagnosis and treatment of cardiopulmonary disorders and diseases.
- Was qualified by training or experience, or both, in the management of acute and chronic cardiopulmonary disorders and diseases.

Prior Registrants; Continuing Education

The Department would have to issue a registration as a respiratory therapist to an individual who had either of the credentials as a registered respiratory therapist or certified respiratory therapist, or their predecessor credentials, conferred by the National Board for Respiratory Care, or its predecessor organization, on or before the bill's effective date, and who applied for registration as a respiratory therapist within one year after the bill's effective date.

The DCIS would have to prescribe by rule continuing education requirements as a condition for registration renewal, including appropriate courses in pain and symptom management.

Canadian Registrants

If the DCIS received an application for registration from an individual who was registered as a respiratory therapist in Canada, the Department would have to consult the International Reciprocity Agreement executed by the National Board for Respiratory Care and the Canadian Society of Respiratory Therapists in effect on the bill's effective date.

MCL 333.16131 et al.

Legislative Analyst: Claire Layman

FISCAL IMPACT

According to the Department of Consumer and Industry Services, the fee structure that would be established in this bill would cover the operational costs of regulating this profession. There is, however, no funding available for the start-up costs associated with adding a new registration category. These costs could total up to \$20,000 and include copies, postage, travel, and set up. Additionally, with the loss of staff due to early retirements, the Department estimates the need for four to five new employees to handle the applications, continuing education, and allegation and complaint investigations.

Fiscal Analyst: Maria Tyszkiewicz

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.