

Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536



BILL ANALYSIS

Telephone: (517) 373-5383
Fax: (517) 373-1986
TDD: (517) 373-0543

House Bill 4647 (Substitute S-1 as reported)
Sponsor: Representative Stephen Ehardt
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 12-5-01

RATIONALE

Respiratory therapists are responsible for providing patient care services under the prescription of a physician to individuals with disorders and diseases of the cardiopulmonary system. They manage life support functions for critically ill patients; operate mechanical ventilators for newborns, children, and adults; perform all cardiopulmonary resuscitation (CPR) in health care facilities; and perform patient assessments. Although qualified individuals may obtain certification through the National Board for Respiratory Care, certification is voluntary. Hospital accreditation and licensing do not specify or require clinical practice standards, minimum levels of clinical competence, or continuing education requirements for staff. According to the Michigan Society for Respiratory Care, Michigan is one of seven states that do not provide for licensure or registration of respiratory therapists. Some people believe that a State registration requirement would help protect the public from those with insufficient training.

CONTENT

The bill would amend the Public Health Code to do the following:

- Require an individual who wished to be a respiratory therapist to register as a respiratory therapist, and establish requirements for registration.**
- 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.**
- Require 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.

-- Create the Board of Respiratory Care and prescribe its responsibilities.

The bill specifies that it 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.

The bill provides that a "respiratory therapist" would be an individual who was responsible for providing patient care services under the prescription of a physician to individuals with disorders and diseases of the cardiopulmonary system, including life support and cardiopulmonary resuscitation, and who was registered under the bill as a respiratory therapist.

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 promulgated by the Board of Respiratory Care.

The bill would create the Michigan Board of Respiratory Care in the Department of Consumer and Industry Services (DCIS). The Board would consist of seven members: one medical director; two public members; and four individuals who met the requirements of Section 16135 of the Code. (Section 16135 provides that a member of a health occupations board must be a State resident for at least the six months before appointment; be of good moral character; be at least 18 years old; be licensed or registered in Michigan where licensure or registration in a health profession is a requirement for

membership; and have actively practiced the profession or taught in an approved educational institution that prepares applicants for the profession.)

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

- Successful completion of an accredited respiratory therapist training program approved by the DCIS.
- 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.

The Department would have to prescribe by rule continuing education requirements as a condition for registration renewal.

Under the bill, 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.

MCL 333.16131 et al.

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

The bill would help regulate respiratory therapists by requiring State registration of individuals who wish to practice respiratory care in Michigan. Currently, there are no

licensure or registration requirements to practice in the State. Essentially, individuals with little or no experience, education, or training may be able to establish themselves in Michigan as respiratory therapists. This lack of formal State regulation might allow inexperienced or incompetent respiratory therapists to practice in Michigan without any review or screening process. The registration of the profession would help protect patients' safety and health; since respiratory therapist services are directly related to patient life support functions, the potential for harm from incompetent practitioners is significant. The procedures and tools used by respiratory therapists require sufficient knowledge, skills, and abilities to ensure safety to the public.

Opposing Argument

Registered respiratory therapists could be required to pay twice for the same certification: once for the national certification and again for State registration. This process essentially could limit the supply of qualified respiratory therapists, resulting in increased costs for services to the public and decreased efficiency and flexibility to the health care delivery system. The registration of respiratory therapists would not necessarily result in improved patient safety. As allied health professionals, respiratory therapists practice under the supervision and direction of licensed physicians who are responsible and liable for patient care. This oversight should provide adequate protection for patients.

Legislative Analyst: N. Nagata

FISCAL IMPACT

The bill would create a new category of registration under the Public Health Code for respiratory therapists and the creation of a Board. According to the Department, there are approximately 3,700 of these therapists currently working throughout the State. The bill proposes a \$20 application fee and a \$75 annual registration fee. These fees would generate approximately \$74,000 in application revenue and \$277,500 in registration revenue, which would be used to cover the costs of administering this program. The bill could require up to two additional FTEs to administer this program.

Fiscal Analyst: M. Tyszkiewicz

H0102\S4647a

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.