



**House
Legislative
Analysis
Section**

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RESPIRATORY THERAPISTS

House Bills 4960 and 4961
Sponsor: Rep. Curtis Hertel
Committee: Public Health

Complete to 6-24-91

A SUMMARY OF HOUSE BILLS 4960 AND 4961 AS INTRODUCED 6-13-91

House Bill 4960 would amend the Public Health Code to require the registration of respiratory therapists with the state, while House Bill 4961 would set registration fees for respiratory therapists.

House Bill 4960 would add a new section to the Public Health Code (MCL 333.16131 et al.) to define "respiratory care practitioner," prohibit people from using a number of titles listed in the bill, and establish a board of respiratory care practitioners that would require applicants for registration to take an examination.

Definitions. The bill would define a "respiratory care practitioner" to mean a health care professional who practiced under the prescription of a physician and who provided treatment, therapy, management, rehabilitation, diagnostic evaluation, and care for patients with deficiencies and abnormalities that affect the respiratory system and "associated aspects of cardiopulmonary and other systems functions." It would include, but not be limited to, a health care professional who transcribed and carried out physicians' orders regarding respiratory care. A respiratory care practitioner could administer but not prescribe drugs.

Michigan Board of Respiratory Care Practitioners. The bill would create a seven member board in the Department of Licensing and Regulation whose members met the Public Health Code's general requirements for board members (such as age, moral character, and state residency). Four members would have to be respiratory care therapists, one would have to be a physician medical director of respiratory therapy services, and two would have to be members of the public.

In addition to the general duties of a health care professional board (such as setting standards for education and training), the board of respiratory care practitioners would have to require applicants to take an examination that covered what would generally be known by graduates of an accredited respiratory care practitioner's program and that the board believed was essential to the safe and competent practice of respiratory care. The board could waive the examination if the applicant either had passed the national board of respiratory care examination or had practiced as a respiratory care practitioner for at least two of the five years immediately preceding the effective date of the bill (and had applied for registration within a year of the bill's effective date). Respiratory care practitioners "grandfathered" in under the practice waiver would have to take and pass the required examination in order to renew their registration.

Exemptions. The bill would exempt other health code licensees whose scope of practice included activities falling under the bill's definition of respiratory care practitioner.

Protected titles. The bill would prohibit unregistered people from using any of the following titles (once rules had been promulgated by the board of respiratory practitioners):

- * "Respiratory care practitioner" ("R.C.P");
- * "respiratory therapy";
- * "registered respiratory care practitioner" ("R.R.C.P");
- * "inhalation therapy";
- * "respiratory therapist" ("R.T.");
- * "inhalation therapist" ("I.T");
- * "registered respiratory therapist" ("R.T.T.");
- * "registered inhalation therapist" ("R.I.T.");
- * "respiratory therapy technician" ("R.T.T.");
- * "registered respiratory therapy technician" ("R.R.T.T.");
- * "certified respiratory therapy technician";
- * "inhalation therapy technician"; and
- * "registered inhalation therapy technician."

Effective date. The bill would take effect 18 months after it was enacted.

House Bill 4961 would add a new section to the State License Fee Act (MCL 338.2270), setting the fees for registered respiratory care practitioners (and applicants) as follows: a \$20 application fee, a \$150 examination fee, and a \$5 annual registration fee.

Tie bar. Neither bill could take effect unless the other were enacted.

Note: House Bill 4960 would set up a board of respiratory care practitioners in the Department of Licensing and Regulation. The department is scheduled to be dissolved in September of 1991 by executive order, whereupon health care professional boards are to be transferred to the Department of Public Health.