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## REGISTER RESPIRATORY THERAPISTS

**House Bill 4085**  
**Sponsor: Rep. Gerald Law**  
**Committee: Health Policy**

**Complete to 2-19-99**

### **A SUMMARY OF HOUSE BILL 4085 AS INTRODUCED 1-28-99**

House Bill 4085 would amend the Public Health Code by creating Part 186, entitled “Respiratory Care”, to place a definition of respiratory therapist in statute, establish a system of registration under the code, and create the Michigan Board of Respiratory Care. A “registered respiratory therapist” would be defined as an individual who was responsible for providing patient care services to patients with disorders and diseases of the cardiopulmonary system that included, but was not limited to, life support and cardiopulmonary resuscitation, and who was registered under the code as a registered respiratory therapist.

The bill would create the Michigan Board of Respiratory Care in the Department of Consumer and Industry Services. The seven-member board would consist of four members who met requirements as specified under Part 161 of the code, one medical director, and two public members. Terms would be for four years and would expire on December 31. The board would be responsible for promulgating rules to establish registration requirements. The following requirements would have to be adopted:

\*Successful completion of an accredited respiratory therapist training program that was approved by the board.

\*Having at least a two-year associate’s degree from an accredited college or university approved by the board.

\*Being credentialed by the National Board for Respiratory Care, or its successor organization, as a registered respiratory therapist.

\*The completion of continuing education requirements as a condition of registration renewal.

After the rules promulgated by the board took effect, no one could use the titles “respiratory therapist”, “registered respiratory therapist”, “R.T.”, and “R.R.T.” or similar words unless that person was registered under the bill as a registered respiratory therapist. The application processing fee for registration would be set at \$20 with an annual registration fee of \$75.

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For the purpose of the bill, “medical director” would be defined as a physician 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 the following criteria: 1) was the medical director of an inpatient or outpatient respiratory care service or department within a health facility, or a home care agency, durable medical equipment company, or educational program; 2) had special interest and knowledge in the diagnosis and treatment of cardiopulmonary disorders and diseases; and 3) was qualified by training and/or experience in the management of acute and chronic cardiopulmonary disorders and diseases.

Further, the bill would not require new or additional third party reimbursement for services rendered by a respiratory therapist registered under the bill.

MCL 333.16131 et al.

Analyst: S. Stutzky

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.