

**LEGISLATIVE SERVICES AGENCY  
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

301 State House  
(317) 232-9855

**FISCAL IMPACT STATEMENT**

**LS 6872**

**BILL NUMBER: SB 384**

**DATE PREPARED:** Dec 29, 1999

**BILL AMENDED:**

**SUBJECT:** Respiratory care practitioners.

**FISCAL ANALYST:** Mark Goodpaster

**PHONE NUMBER:** 232-9852

**FUNDS AFFECTED:**  **GENERAL**  
**DEDICATED**  
**FEDERAL**

**IMPACT:** State

**Summary of Legislation:** This bill has the following provisions:

- (A) It requires a respiratory care practitioner to be licensed. (Current law requires certification.)
- (B) It allows certain courses to be accepted toward the respiratory care practitioner continuing education requirements.
- (C) It establishes requirements for student permits.
- (D) It allows an individual who is not a licensed, registered, or certified health care professional to perform respiratory care procedures after passage of an examination.
- (E) It allows an individual who is not a licensed or certified health care professional to deliver, set up, calibrate, and demonstrate the operation of respiratory care equipment if certain conditions are met.

**Effective Date:** July 1, 2000.

**Explanation of State Expenditures:** (A) The Health Professions Bureau (HPB) oversees the state regulation of respiratory care practitioners. The Bureau will experience additional administrative expenses. HPB estimates that the additional costs to the agency will be \$30,000 in FY 2001 and \$15,000 in FY 2002. These additional costs will include extra meetings, additional postage, increased printing costs and supplies and telephone expenses. In FY 1999 the agency reverted \$160,000.

The Health Professions Bureau reports that 3,274 persons have active certifications and 1,211 individuals have expired certifications.

(C) This provision would allow individuals who are enrolled in a respiratory care program approved by the Respiratory Care Committee to perform certain types of respiratory care procedures that they have successfully completed in a course of study. The Respiratory Care Committee would likely need to spend committee time promulgating rules, establishing fees and reviewing student applications for these permits. There are currently 132 students who are enrolled in respiratory care programs in Indiana.

(D) This provision's impact on the Health Professions Bureau is currently uncertain. The provision authorizes health care professionals with no other license certification or registration to carry out certain respiratory care procedures if they pass an examination to perform these procedures. A testing body can offer the examination if approved by the Respiratory Care Committee.

The Respiratory Care Committee currently issues certificates to applicants who pass the tests that the National Board for Respiratory Care (NBRC) administers. The NBRC is a voluntary health certifying agency that administers credentialing examinations for respiratory care practitioner and pulmonary function technologists. The NBRC forwards the test scores of candidates to the Health Professions Bureau. The HPB awards certificates to those individuals who pass the examination.

HPB reports that all credentialing exams that NBRC offers require a candidate to graduate from an approved respiratory care program before sitting for any of the exams. They do not know of any examinations that are available to test competencies for performing specific procedures that individuals who are neither licensed, certified nor registered may be performing.

If an appropriate examination instrument already exists, the Health Professions Bureau would likely incur limited costs for test administration. However, if an appropriate test is not available, then the costs incurred could be greater due to the development of a new examination.

The number of persons who perform respiratory care procedures who are not licensed, registered or certified is not known. A survey of 66 hospitals in Indiana was conducted to which staff currently perform respiratory care functions. The survey showed that 6% of these hospitals used nonlicensed individuals, such as emergency medical technicians, to perform these procedures. These results were presented at the August 26, 1999 meeting of the Interim Study Committee on Health and Social Service Issues.

This bill would also allow the Medical Licensing Board, through the Attorney General, to apply in a circuit or superior court to enjoin a person from practicing respiratory care in violation of the law. This provision may increase administrative expenses to both state entities; however, the overall impact is not expected to be significant.

**Explanation of State Revenues:** This bill could affect the number of applications and the license fees that the Bureau collects. The specific impact, however, is indeterminable. License fees are deposited in the State General Fund.

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:**

**State Agencies Affected:** Health Professions Bureau; the Office of the Attorney General.

**Local Agencies Affected:** Circuit and Superior Courts

**Information Sources:** Health Professions Bureau, Minutes of the August 26, 1999 meeting of the Interim Study Committee on Health and Social Service Issues, National Board of Respiratory Care Web Site, Mark Scherer, Indiana Health Care Association.