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H.B. 102
(l_135_0571-3)
135th General Assembly

Fiscal Note & Local Impact Statement

Click here for H.B. 102's Bill Analysis

Version: In House Health Provider Services

Primary Sponsors: Reps. T. Young and John

Local Impact Statement Procedure Required: No

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Highlights

- The State Medical Board will realize costs to regulate advanced practice respiratory therapists. The Board will experience both start-up and ongoing costs. Start-up costs include eLicense updates and rule promulgation costs. Ongoing costs will include processing license applications and renewals, addressing questions, investigating complaints, etc.
- The Board will experience a gain in revenue from license fees and potential fine revenue. The total revenue collected will depend on the number of licenses. Revenues will be deposited into the State Medical Board Operating Fund (Fund 5C60).
- A government-owned hospital that permits the practice of advanced practice respiratory therapists could experience some costs to establish a policy regarding the practice of these professionals.

Detailed Analysis

Advanced practice respiratory therapist licensure

The bill recognizes and regulates the practice of advanced practice respiratory therapists, who are individuals that perform services pursuant to a supervision agreement with a physician for the diagnosis and treatment of cardiopulmonary diseases or conditions. Under the bill, the State Medical Board will be responsible for regulating the practice of respiratory care as an advanced practice respiratory therapist. The bill outlines the services an advanced practice respiratory therapist may perform under the delegation of a supervising physician, including physician-delegated prescriptive authority subject to conditions and limitations. The bill also outlines the eligibility requirements and the application and renewal process. The initial fee for licensure is $175 and the biennial renewal fee is $125.

The bill authorizes the Medical Board to adopt rules as necessary to govern the practice of advanced practice respiratory therapists and authorizes the Board to take disciplinary action against an advanced practice respiratory therapist or supervising physician. Additionally, the bill increases the number of Respiratory Care Advisory Council members from seven to nine.

The bill outlines supervision agreements and requires supervising physicians to establish quality assurance systems that describes processes for the following: routine review by the physician of selected patient records, discussion of complex cases, etc. Additionally, a health care facility that permits advanced practice respiratory therapists to practice must make reasonable efforts to explain the scope of these professionals' practice within the facility and must provide certain information on request regarding a facility's policy on the practice and a copy of a supervision agreement.

Fiscal impact

The bill will result in both start-up and ongoing costs to the Board. The eLicense system will need to be updated to add the new license. Additionally, there will be minimal administrative costs for rule promulgation. The Board will experience ongoing costs to process license applications and renewals, respond to consumer and licensee questions, and to investigate complaints. These costs will depend on the number of additional licensees. The Board will realize a gain in revenue associated with license fees and any fine revenues collected. The amount of additional revenue will also depend on the number of licensees. All revenues received will be deposited into the State Medical Board Operating Fund (Fund 5C60).

A government-owned hospital that permits the practice of advanced practice respiratory therapists could experience some costs to establish a policy regarding the practice of these professionals and to provide any copies of requested information.

Penalties

The bill establishes penalties for prohibited conduct. For instance, the bill prohibits a person from practicing as an advanced practice respiratory therapist without the supervision, control, and direction of a supervising physician who specializes in pulmonology, anesthesiology, critical care, or sleep medicine and without having entered into a supervision agreement with a supervising physician. The bill also prohibits certain other activities.

Fiscal impact

Local courts could experience an increase in costs for cases related to any prohibitions. However, local courts may also impose court costs or fines that may help offset some of these operational costs. The number of potential cases is likely to be few, so any impacts should be minimal.

Medical Board and Advisory Council liability

The bill provides immunity from damages from acts, omissions, and other conduct related to official duties of the Medical Board and Respiratory Care Advisory Council as long as there is not fraud or bad faith. The state must provide and pay for such person's defense and any resulting judgment or settlement.

Fiscal impact

If there are any cases brought forward involving these individuals, the state could realize costs. The costs would depend on the number and scope of such cases.

Synopsis of Fiscal Effect Changes

The substitute bill (I_135_0571-3) defines "health care facility" as only (1) hospitals and (2) any other hospital-based facilities designated by the Medical Board in rules. The As Introduced version of the bill, defines "health care facility" as (1) a hospital, (2) a site where a medical practice is operated and provides direct patient care, (3) an entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals, and (4) any other facility designated by the Medical Board in rules. Thus, the substitute bill specifies that advanced practice respiratory therapists can practice only in hospitals and hospital-based facilities. If individuals wanted to practice in other facilities, this might minimally reduce the number of advanced practice respiratory therapist applicants.

The substitute bill removes a provision in the As Introduced version of the bill that would have allowed a supervising physician to be available for direct communication with the advanced practice respiratory therapist by being readily available through some means of telecommunication and being in a location that is a distance from the location where the advanced practice respiratory therapist is practicing that reasonably allows the physician to assure proper care of the patient. Thus, advanced practice respiratory therapists would only be able to practice in instances when the supervising physician is physically present. This could result in fewer reimbursements for services.

In the As Introduced version of the bill, an advanced practice respiratory therapist was allowed to prescribe a controlled substance under the advanced practice respiratory therapist's physician-delegated prescriptive authority, but only if the drug was to be used by a patient within the health care facility where the advanced practice respiratory therapist is practicing. Under the substitute bill, an advanced practice respiratory therapist is prohibited from prescribing a controlled substance. This should have no discernable fiscal impact.

The substitute bill requires the advanced practice respiratory therapist's supervising physician to provide onsite supervision during the first 500 hours of an advanced practice respiratory therapist exercising physician-delegated prescriptive authority. The substitute bill also requires the supervising physician to maintain records of an advanced practice respiratory therapist's completion of those hours. These provisions could result in administrative costs to participating government-owned hospitals. These provisions were not in the As Introduced version of the bill.

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