Approved: March 2, 2009
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on February 4, 2009, in Room 136-N of the Capitol.

All members were present except:
Senator David Wysong - excused

Committee staff present:
Nobuko Folmsbee, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the committee:
Don Jordan, Secretary, Department of Social and Rehabilitation Services
Matt Zenner, Private Citizen
Sky Westerlund, National Association of Social Workers
Henry L. Johns, Kansas Association of Sleep Professionals
William Leeds, DO, Pulmonary and Sleep Associates
Cindy Birdsong, Labette Health Sleep Lab
Robert Henrickson, Kansas Association of Sleep Professionals
Debra Campbell, Private Citizen
Gary M. Carder, Pulmonary and Sleep Associates
Joe Kroll, Director, Bureau of Child Care and Health Facilities, Kansas Department of Health and Environment
Debbie Fox, Kansas Respiratory Care Society
Karen Schell,, Newman Regional Health Center, Emporia
Randy Chorice, Area Clinical Manager, Mobile Med Care
Suzanne Bollig, Private Citizen

Others attending:
See attached list.

Chairman Barnett recognized Nobuko Folmsbee who briefed those attending on: **SB 31 - Behavioral sciences; continuing education requirements.** This bill amends the continuing education requirements for baccalaureate, master and specialist clinical social workers to include not less than six hours of social worker safety training, including self-protection maneuvers. This requirement becomes effective on and after January 1, 2010, for applicants in the three categories previously stated and for first-time licensure renewal. If the applicant has taken the training as part of a previous licensure renewal, the applicant is not required to complete an additional six hours of safety training.

Terri Weber, legislative research department briefed those attending on: **SB 63 - Polysomnography practice act; duties of the board of healing arts; creation of the polysomnography professional standard council.** This bill creates the polysomnography practice act under the authority of the State Board of Healing Arts and establishes the polysomnography professional standards council. Ms. Weber described the definitions contained in the legislation; the composition of the polysomnography professional standards council, appointments, and terms of appointment; the relationship of the Board of Healing Arts to the professional standards council; licensure standards, licensure fees, and disposition of those fees; and violations of the act may result in a Class B misdemeanor.

Senator Barnett opened the hearing on **SB 31 - Behavioral sciences; continuing education requirements** by recognizing Matt Zenner. Mr. Zenner testified about his wife, Teri Zenner a social worker in Overland Park, who was murdered by one of her clients in 2004 (Attachment 1). Mr. Zenner indicated it was his belief that had his wife been trained in self defense and/or safety training, her death might have been prevented. He urged the committee members to support **SB 31**.

Secretary Don Jordan, Kansas Social and Rehabilitation Services, verbalized his strong support of **SB 31**,

explaining the social worker does not work in an office but in clients' homes (Attachment 2). The limited safeguards found in the office environment aren't available in consumers' homes. Staff must learn to care for themselves.

Sky Westerlund, Executive Director of the Kansas Chapter, National Association of Social Workers, testified **SB 31** provides for pro-active preparation for safety in the social work practice by equipping the social worker with knowledge and skills to prevent violence, and by knowing what to do to protect oneself should that become necessary (Attachment 3).

Senators inquired who would bear the cost of this safety training. Ms. Westerlund indicated that many employers' furnish continuing education credits at no cost or bear a portion of education costs. However, the social worker is accountable for his/her licensure renewal (which would include CEU costs, if not provided by an employer).

Chairman Barnett closed the hearing on **SB 31**.

Senator Barnett opened the hearing on **SB 63 - Polysomnography practice act; duties of the board of healing arts; creation of the polysomnography professional standard council.**

Henry Johns provided a brief history of sleep medicine which began in 1972 and resulted in discovery and documentation of sleep apnea. Since that time, the field has experienced growth resulting in the need for standardized practice parameters and educational standards. He described the specialized training, skills, and responsibilities for a polysomnographic technician (Attachment 4).

Dr. William Leeds, DO, practicing in the field of sleep medicine for 25 years spoke about the need for accurate data to assist in sleep diagnostics and therapeutic intervention. He indicated the bill would ensure a level of technician competency while increasing patient safety (Attachment 5). He urged passage of **SB 63.**

Cindy Birdsong testified that passage of this legislation will ensure that the level of care is maintained at its highest to ensure not only patient safety but positive outcomes for patients being treated in the field of sleep medicine. (Attachment 6)

Robert Hendrickson indicated that **SB 63** recognizes the scope of polysomnography practice in the management of a broad spectrum of complex and multi-system sleep disorders. He briefly commented on the future of sleep medicine integrating into occupational and industrial medicine. He encouraged passage of this legislation (Attachment 7).

Debra Campbell testified that by implementing the licensure/educational requirements contained in **SB 63**, quality of care and patient safety are enhanced while ensuring standards expected by Kansas consumers are met. (Attachment 8)

Gary Carder encouraged passage of **SB 63** to ensure that all persons performing polysomnography have a minimum level of education (Attachment 9).

Chairman Barnett recognized Joseph Kroll, Director of the Bureau of Child Care and Health Facilities, Kansas Department of Health and Environment. Mr. Kroll testified that the Health Occupation Credentialing Act, KSA 65-5001, establishes a process to determine if the public good is served by credentialing a health occupation. The process identifies criteria to evaluate the impact of an unregulated practice, impact on taxpayers, public benefit, etc. Mr. Kroll indicated that representatives from the Kansas Association of Sleep Professionals met with KDHE staff in December 2008, however, to date there has been no further contact, and therefore, the proposed legislation bypasses the Kansas Act. He requested that the bill not be favorably considered. (Attachment 10)

Debbie Fox spoke on behalf of the Kansas Respiratory Care Society. She indicated that while credentialing is supported, she spoke in opposition to **SB 63** as it is currently worded. Sleep testing is included in the respiratory therapists scope of practice, and this particular legislation requires a separate license for the

practice of polysomnography (Attachment 11). Ms. Fox described the educational curriculum for respiratory therapy and compared that to the proposals included in the legislation

Karen Schell from Newman Regional Health, opposed the legislation. She indicated it would significantly hinder flexibility of cross staffing personnel in the sleep lab and in the respiratory therapy area. She indicated these areas overlap (which is necessary for optimal patient safety). She indicated a strong bill could be crafted with collaboration, but in its current form, **SB 63** is not in the best interest of Kansas patients (Attachment 12).

Randy Chorice testified that without the exemption of respiratory care practitioners in **SB 63** (along with dentists and registered nurses), he could not support this legislation (Attachment 13).

Suzanne Bollig from Hays, Kansas, articulated that while she supports professional standards and regulatory oversight of healthcare professionals, **SB 63** in its current form, does not address educational requirements. She reviewed five specific recommendations that would strengthen this legislation. (Attachment 14)

Chairman Barnett pointed out written testimony was attached from the following individuals:
Bill Rhea (Attachment 15)
Arlene Garcia (Attachment 16)
A. Andrew Barron, (Attachment 17)
Chad Sanner, (Attachment 18)
Mary Susan Esther, (Attachment 19)
Hugh Ekengren, (Attachment 20)
Julie Vines, (Attachment 21)
Joe Atkinson, (Attachment 22)
James T. Mitchum, (Attachment 23)

Chairman Barnett closed the hearing on **SB 63**.

The next meeting is scheduled for February 5, 2009.

The meeting was adjourned at 2:34pm

Senate Public Health and Welfare
Guest List
Date: February 4, 2009

Randy Chorne	
Beth Rea	
Jerome Gorman	
Julia Downs	
Suzanne Bolling	
Debra Fox	
Karen Schell	
Julia Mowers	KSBHA
Kristi Pankratz	KSBHA
Steve Solomon	TFI Family Services
Julie Hein	MHCC
William Leeds	Pulmonary & Sleep Assoc.
Robert Hendrickson	KASP / Somnograph
Cindy Birdsong	Lakeside Health / KASP
Laura Harmence	
James Mitchum	Olathe Medical Center
Henry Johns	Kansas Association of Sleep Professionals
Gary Carder	Pulmonary & Sleep Assoc.
Debra Campbell	Pulmonary & Sleep Assoc.
Michelle Butler	Capitol Strategies
Jenia Nolte	KDHE
Deborah Stern	KS. Hospital Assn'
Joseph Kroll	KDHE
Tanya Keys	SRS
Don Jordan	SRS

Senate Public Health and Welfare
Guest List
Date: February 4, 2009

Bruce Witt	
Sky Westerlund	KNASW
Matt [illegible]	
Sarah Zenner	Kansas resident
Alayna Zenner	
Michael Zenner	KS Resident
Ron Gaches	GBA

DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

Don Jordan, Secretary

Senate Public Health and Welfare Committee
February 4, 2009

Social Worker Safety Training

For Additional Information Contact:
Patrick Woods, Director of Governmental Affairs
Docking State Office Building, 6th Flr
(785) 296-3271

Public Health and Welfare
Date: 02/04/09
Attachment: 1

Senate Public Health and Welfare Committee
February 4, 2009

Chairman Barnett and members of the committee, I am Don Jordan, Secretary of the Kansas Department of Social and Rehabilitation Services. Thank you for the opportunity to appear in support of Senate Bill 31.

Our mission is to protect children and promote adult self sufficiency. This requires that staff get out of the office and conduct their business in the community and private homes. Investigating an allegation of adult or child abuse requires close personal contact with individuals who might not welcome our visit. In-home visits may feel intrusive and our staff don't always know ahead of time which homes pose the greatest risks. We have been proactive in providing training for SRS staff in keeping themselves safe and in handling the secondary trauma of protective services work.

Other agencies also have staff at risk. Staff for the child welfare providers under contract with SRS to preserve or reintegrate families must visit in the family home. Community mental health centers have long responded to the need to meet the client in their own home. The limited safeguards available for offices simply aren't available in consumer's homes. Staff must learn to take care of themselves.

SB 31 would require that workers receive six hours of safety training prior to the first renewal of their social work license and offers an opportunity to address the very real problem of worker safety. Thank you again for the opportunity to express my support and I stand for questions.

Senate Bill 31
Social Worker Safety Training
February 4, 2009

My name is Matt Zenner, I am the husband of Teri Zenner. Teri was a social worker murdered by her client in Overland Park in 2004.

I want to thank the committee for this opportunity to speak today about bill SB-31

Teri was one of the most dedicated social workers you could meet. If you talked to her co-workers, you would hear nothing but good things. At Teri's wake, numerous clients came to me and expressed the impact she had made on their lives. I also received volumes of letters from clients expressing this same opinion of Teri's dedication to them. Teri was one of those social workers you would want to be the mentor for all new incoming social workers. The short time that I spent with Teri she would express how much she cared about people, and how she wanted to make an impact in everyone's life. I will tell you one thing; in the year and half that we spent together she made a huge impact on mine.

I am going to take you back to August 17th, 2004. Around 4:30 p.m. Teri had not come home to pick up my daughter and take her to soccer practice. I called her cell phone numerous times, but no answer. I called my mother, Teri's father, her co-workers, everyone I could think of. I was reassured by everyone that Teri was OK, probably just running late. But my gut was telling me that something wasn't right.

I finally took my daughter to her soccer practice around 5:00 p.m., with still no answer from Teri.

After soccer practice was over, I considered calling area hospitals, maybe she was in a car wreck, or maybe had taken a client to the hospital and just couldn't call me. As I pulled into my driveway, a green Ford Taurus pulled up behind me and two local police cars blocked off my driveway. The door to the green Taurus opened and a woman stepped out with a badge and gun. The first thing I said was "it's Teri, isn't it" and she said "yes, is there somewhere we can talk?" I said "just please tell me she is not dead" – and that is when my daughter got out of my car. It just so happened that a Chaplin was riding along that day with the local police, and he grabbed my daughter and took her inside my home. The police officer began to tell me that they were investigating a homicide in a neighboring city, and that my wife was involved. I asked her, "is she okay, do we need to head for the hospital, but her answer was "no, I am so sorry to tell you she has passed away."

I cannot begin to explain the feeling, the emotional rush I was overcome with after this news was handed to me. My body was numb thinking – what do I do now? Teri and I had been married just short of 3 months; the person I was planning to spend the rest of my life with was gone. How would I function?

After Teri's death, I chose to make a difference, just like Teri, and to keep her memory alive.

Teri would not have wanted this to happen to another social worker. I would not want another family to go through an ordeal such as this. It is my mission to do what ever it takes to protect social workers. I am continuing to push for safety measures to be introduced in order to protect social workers on a daily basis.

After talking to the police department, and going through all the details of Teri's death, I truly believe that self defense/safety training may have prevented her death. I believe that Teri could have used this training and fought her way out of the situation she was in. This is why I am so passionate about self defense/safety training. I realize that SB-31 would not have applied to Teri until she graduated and renewed her LMSW license for the first time. I understand, but I want to protect as many as possible.

I would ask the committee to help my dream come true in honoring Teri, and her colleagues in social work to be safe while they are performing their jobs. I ask that you support SB-31.

Thank you for your time and I will take any questions you have now.

Senate Public Health and Welfare
February 4, 2009

SB 31
Concerning behavioral sciences regulatory board; relating to continuing education Social Worker Safety Training

The Kansas Chapter, National Association of Social Workers (KNASW) is the professional association working on behalf of the profession and practice of social work in Kansas. Social workers have been licensed to practice at three levels of expertise since 1976. These are the baccalaureate (LBSW), the master (LMSW), and the clinical social worker (LSCSW). Social work is a broad and inclusive profession which allows social workers to provide a wide variety of services and care in numerous settings, such as child welfare, juvenile justice, private practice (small business owners), military bases, hospitals, hospices, disaster events, domestic violence, aged care, substance abuse, cancer care programs, community mental health centers, schools, public health organizations, community programs and more. The more than 5500 social workers who practice across the state serve thousands of Kansans every single day.

Hundreds of persons are attracted to the profession of social work because of a strong sense of compassion and a clear belief that life can be better for people. Practicing social work is a way to make a difference in the lives of others.

But social work practice is a dangerous field. Research indicates a steady increase and frequency of violence in all social work settings. This is being documented even though many social workers do not report violence that has occurred. A study and survey of social workers indicated that nearly one quarter had personally sustained a physical assault, while a staggering 63% indicated a colleague who had been physically victimized. Most attacks consist of hitting, biting, kicking, scratching, or choking the social worker. Usually the violence is not planned or pre-meditated. New social workers are more likely to be vulnerable to violence than the more experienced practitioners.

SB 31 provides for the most pro-active preparation for safety in social work practice:

- equipping the social worker with knowledge and skills to prevent violence
- knowing what to do to protect oneself should that become necessary

SB 31 would require no less than six total hours of social worker safety training including self-protection maneuvers, during the first two years of the first social work license. Social workers in Kansas are already required to obtain 40 units of continuing education (CE) during the two years prior to renewing their license to practice.

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Social worker safety CE would entail a broad range of knowledge that would help the new social worker to take deliberate steps to promote his or her own safety during the course of working with a client. For example, many, many new social workers work out in the community and by themselves. Safety training can include taking notice of the neighborhood and physical surroundings; securing personal belongings; what to carry into a client's home; where to sit, how to position self in relation to the client(s); which rooms to avoid; how to set the tone for work in someone's home, with the specific awareness of safety issues; dealing with animals; what to do if weapons are present; and a host of other considerations that can reduce or prevent an act of violence. More intense topics includes specific focus and attention to recognizing a situation that is escalating through verbal and non-verbal cues and how to respond to calm the situation as well as what to do if calming strategies fail. Safety training moves into self-protection maneuvers as it helps the new social worker understand how to identify danger to self and how to determine what actions to take. For some situations, it is best to end a session and leave before it is out of control. For other situations, self-protection action might be necessary in order to be able to leave. An equally important facet of safety training is reporting and debriefing the incident. This is only a very small sampling of possible content of the social worker safety continuing education that includes self-protection.

The statutory language is broad enough and intended to permit a wide variety of training opportunities, such as through the local law enforcement, self defense classes offered through parks and recreation or other interest groups, internal agency programs for staff on the topic of safety and self protection as well as the usual venues for continuing education. Additionally, the six hours do not have to be taken all at once, but rather be a total of six hours obtained within a two year period of time.

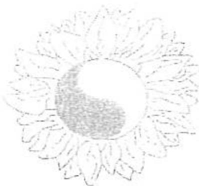
It is not expected that practicing social work will become a less dangerous field, but it is expected that, over time, all social workers in Kansas will have had specific training for safety and self protection.

We ask for your favorable passage of SB 31.

References:
Everyday Self Defense for Social Workers
Janet Nelson, MSW; 2004

Security Risk: Preventing Client Violence Against Social Workers
Susan Weinger, Ph.D; NASW Press, 2001

Client Violence Toward Social Workers: A Practice and Policy Concern for the 1990's. C. E. Newhill; Social Work, 1995



Kansas Association of Sleep Professionals
899 E 800 Rd Lawrence, KS 66047 www.kansas-sleep.com kansassleep@yahoo.com

Good Afternoon, Chairman Barnett, Senators, thank you for the opportunity to be here today. My name is Henry Johns and I am a Registered Polysomnographic Technologist (RPSGT) and a licensed respiratory therapist. I serve as Director of The Sleep Center at Pulmonary and Sleep Associates here in Topeka and am here as a spokesman for the Kansas Association of Sleep Professionals (KASP). The membership of KASP is made up of over 100 health care professionals from across the state of Kansas who are actively working in the field of sleep medicine. I am here to voice to you the support of the Board of Directors and Membership of KASP for SB 63, the Polysomnographic Practice Act.

Sleep Medicine a relatively new health care field. Human sleep has been seriously studied for just over 50 years and clinical sleep medicine has come a long way from it's humble beginnings in 1973 when Dr. William Dement opened the first clinical sleep laboratory at Stanford University. During this time the recognition of Obstructive Sleep Apnea (OSA), as fostered rapid growth and a multi million dollar industry. OSA has been linked with hypertension, heart attack and stroke. Chances are you know someone who is affected by sleep apnea.

Sleep Apnea leads to excessive daytime sleepiness that can lead to cognitive deficits, depression and an increased risk of workplace and motor vehicle accidents. The Kansas Highway Patrol reported last fall that there were over 840 highway accidents related to sleepy drivers in 2007.

There are over 70 specific diagnoses within the eight major categories listed in the International Classification of Sleep Disorders, volume 2 (ICSD2). From simple snoring, OSA, restless legs and other movement disorders to shift work disorder, narcolepsy and numerous psychological sleep issues. All of these disorders have complex and difficult diagnostic requirements.

As any medical field grows, and clinical practice becomes less of an art and takes on a more evidence based approach there is a need for standardized practice parameters and educational standards. Polysomnographers have achieved national accreditation of their board examination, which is administered by the Board of Registered Polysomnographic Technologists (BRPT) and are required to participate in continuing education with a minimum of 10 hours per year to maintain their registry.

National recognition of the educational curriculum for sleep technologists by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and establish met of the Committee on Accreditation of Polysomnographic education (CoAPSG) occurred in 2003. Since that time, 19 programs have been accredited and numerous others have applied for accreditation, including the

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program at Johnson County Community College. Other schools in Kansas are currently in various stages of investigating or developing specialized stand alone programs in polysomnography.

Polysomnographic Technologists require unique specialized training and skills not commonly found in other health care professions. Sleep technologists use technology and skills that include:

- Electroencephalography (EEG), used to monitor brain activity and neurological sleep-stage;
- Electro-oculography (EOG), used to monitor subtle eye movements important in determining neurologic sleep stage; and
- Electromyography (EMG) to monitor muscle activity during sleep
- Monitoring of respiratory effort and the flow of air
- Electro cardiogram (EKG) to monitor heart rhythmus

An effective sleep technologist must understand the appropriate electronic and physiological applications of these technologies, and must have the education to know how to effectively interpret and safely use them. This is a unique skill set that is not easily mastered and has long been obtained through lengthy apprenticeships under the direction of Registered Polysomnographic Technologists (RPSGT).

A technologist must also be knowledgeable on an extensive range of sleep disorders in order to facilitate appropriate testing protocols that serve as the building blocks for our physician colleagues in establishing an appropriate patient treatment modality. The technologist needs to have an advanced understanding of seizures, pharmacological implications on sleep and the brain, and age and gender differences that occur in sleep. The autonomy of the profession of Sleep Technology is confirmed by the specific knowledge and skill-sets that can only be attained by polysomnography-specific training and credentialing.

For your consideration, I am attaching information from the Association of Polysomnography Technologists (AAST) that provides a detailed description of the responsibilities for a Polysomnographic Technician, and a Polysomnographic Technologist

It has long been the goal of the American Association of Sleep Technologists to standardize and encourage the development of educational programs in Polysomnography. Now programs at 2 and 4 years colleges exist across the country. I have attached the educational program requirements as published by The Commission on Accreditation of Allied Health Educational Programs (CAAHEP) by the Committee on Accreditation of Polysomnographic education (CoAPSG) for your review.

The value of the specialized training and unique skill sets of an RPSGT has recognized since 1998 by the Centers for Medicare and Medicaid Services, when

it recognized Polysomnography as a separate distinct field and required independent sleep labs to use personnel who were certified or registered in sleep medicine, to perform testing on Medicare recipients.

Blue Cross Blue Shield of Kansas, one of our states largest insurers has for several years recognized the need to provide quality sleep services and link their level of reimbursement to accreditation by the American Academy of Sleep Medicine (AASM). The standards for sleep lab accreditation by the AASM, require that persons performing sleep testing be either registered by the BRPT or on an educational path to registry.

The Objectives of SB 63 are fairly simple but quite important:

1. Clearly establish the precedent that sleep testing, whether practiced in the hospital, clinic or home is to be performed by a properly trained sleep technologist under the supervision of a physician with experience in sleep medicine.
2. Introduce standards for sleep technologists, to insure that the process of providing treatment, analysis, monitoring, patient education, and recording of physiologic data to assess sleep/wake disorders in a diagnostic laboratory, clinic, hospital or home is performed according to a set of nationally recognized standards.
3. Licensure of Polysomnographic Technologists will require that:
    a. All technologists have achieved board certification by a nationally recognized organization in a field that provides training directly associated with sleep monitoring parameters such as EEG, EKG, and cardio-respiratory monitoring techniques.
    b. All technologists have received training in sleep medicine, sleep disorders treatment and polysomnography from a curriculum that has been certified by a nationally recognized organization
    c. All technologists demonstrate appropriate competencies to protect our patient population.

We believe that these objectives can be achieved by SB 63 at no cost to the citizens of Kansas. The benefits of this legislation will however help to insure that the hundreds of thousands of Kansans with sleep disorders like sleep apnea, are diagnosed, treated and managed by medical professionals that are held to high standards of competence and patient safety.

Patient safety is always a primary concern to everyone. When testing facilities use untrained or poorly trained personnel, in some cases pulled from another hospital departments to perform polysomnograms or initiate therapeutic procedures there is always a risk of injury or inadequate results. Since sleep testing is unregulated, the Kansas Department of Health and Environment (KDHE) does not report or keep statistics on incidents that occur in sleep labs.

We hope that there have not been any patient safety issues and feel that SB 63 can reduce those risks in the future.

There are some who will say that there is not enough proven education in this field. We have show that education is available in our state to meet the needs of sleep labs in the future. This profession is currently in the same position other professions were before they received the same recognition we are now seeking. Persons who have already obtained the RPSGT credential have proven their level of education and competency in sleep medicine and are involved in continuing education.

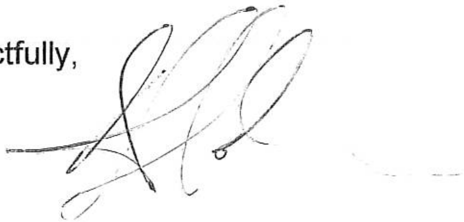
Doubtless you will hear that this bill may have a negative impact financially or impair the ability of some sleep labs to provide services. The financial burden of this bill rests squarely in the laps of those who would seek to work in this field, unless an employer desires to voluntarily pay for education or examination fees.

It will also be said that other allied health care providers already provided these services, have some training in sleep or possess it under their scope of practice. We all know that many services in health care have overlapping duties or scopes of practice; however, the training they receive is not always equal or adequate. Common skill sets do not qualify a profession to take on all of the duties of another. A laboratory phlebotomist uses a needle and syringe to draw blood, so does a nurse, but it does not qualify the phlebotomist to be a nurse. Special education and training is required. The same is true of Polysomnography.

SB 63 would require that persons performing sleep services in Kansas demonstrate the specialized level of education and skill needed to provide safe, accurate diagnostic and therapeutic services to the people of Kansas.

Thank you for your time and your consideration of SB 63

Respectfully,



Henry L. Johns BS, RPSGT, CRT, CPFT

Polysomnographic Technologist Education

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) establishes and maintains the accreditation process that sets the minimum standards of quality used in determining that the educational programs designed prepare individuals to enter the polysomnographic technology profession are rigorous and thorough so as to ensure that program graduates are qualified to work in direct patient care settings in a competent and professional manner. The following information sets out information on polysomnographic education based on the standards that were adopted in 2004 by CAAHEP, the Association of Polysomnographic Technologists, the American Academy of Sleep Medicine, and the Board of Registered Polysomnographic Technologists.

Educational Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. These program-specific statements provide the basis for program planning, implementation and evaluation, and they must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

Nationally accepted roles and functions in polysomnographic technology are reflected in what is being done by polysomnographic technologists in the workplace (the Board of Registered Polysomnographic Technologists (BRPT) Job Analysis) and the material covered in the appropriate national credentialing examination (s) (BRPT Examination Matrices), and the most recent version of the Association of Polysomnographic Technologists standard curriculum.

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest. An advisory committee, which is representative of these communities of interest, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change. The program must fulfill following goal that defines the minimum expectations:

> "To prepare competent entry-level polysomnographic technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field. Programs are encouraged to consider preparing advanced level or specialized practitioners.

American Academy of Sleep Medicine
September 30, 3008

Curriculum

The curriculum must ensure the achievement of program goals and learning domains, with instruction incorporating an appropriate sequence of classroom, laboratory and clinical activities. The following general education requirements are suggested in order to help students achieve success with these required learning objectives:

General Education Competencies:

1. Written and oral communication
2. Mathematics
3. Computer skills including keyboard entry, word processing
4. Social and behavioral sciences
5. Critical thinking skills
6. Evidence based scientific literature and technology assessment

Basic Science and Technical Knowledge:

1. Human anatomy and physiology, with emphasis on cardiopulmonary and neurological systems
2. Basic physics
3. Basic pharmacology
4. Electricity and electronics

Fundamentals of Patient Care Competencies:

1. Medical terminology
2. Patient care principles
3. Ethical and medical-legal issues
4. Infection control
5. Basic Cardiac Life Support (BCLS)

Polysomnographic Technology content areas:

1. Polysomnographic instrumentation
2. Sleep/wake physiology and pathophysiology
3. Patient and equipment preparation for polysomnography
4. Patient monitoring
5. Patient safety
6. Polysomnographic procedures
7. Therapeutic intervention
8. Polysomnographic data analysis and reporting
9. Professional development

Assessment

At least annually, programs must assess the appropriateness and effectiveness of the resources described in the CAAHEP standards, with this assessment serving as the basis for ongoing planning and appropriate change. Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

American Academy of Sleep Medicine
September 30, 3008

American Association of Sleep Tec

Job Descriptions

The American Association of Sleep Technologists (AAST), the American Academy of Sleep Medicine (AASM), the Board of Registered Polysomnographic Technologists (BRPT) and the American Society of Electroneurodiagnostic Technologists (ASET) established a joint committee to provide recommendations that specifically address the minimum skills and competencies required for Sleep Technologists. This project required the committee to develop a job description model that indicated progression through the learning and development cycle. The committee identified the need to create three levels for the Sleep Technologist position.

The first position, Sleep Trainee is an entry-level position. The second position,Sleep Technician indicates successful completion and mastery of certain tasks. The third,Sleep Technologist indicates the individual has mastered tasks and successfully passed the certification process through the BRPT.

The three job descriptions focus on qualifications needed for each position and the education and skills required to move to the next level. All three levels are under supervision of the sleep centers clinical director (MD, PhD, DO). The purpose of these job descriptions is to create consistent criteria that can be used on a national basis to show the development of sleep technicians as they enter the profession and progress to become BRPT certified. The following job descriptions have been ratified by the boards of directors of the AAST, AASM, BRPT and ASET.

Sleep Trainee

Position Summary

A Sleep Trainee develops competency in and performs the basics of polysomnographic testing and associated interventions under direct supervision of a Sleep Technician or a Sleep Technologist.

Domains of Practice

Gather and Analyze Patient Information

- Verify the medical order and protocol.
- Complete and verify documentation.
- Explain the procedure and orient the patient to the sleep center.

Testing Preparation Procedures

- Prepare and calibrate equipment required for testing to determine proper functioning.
- Apply electrodes and sensors according to accepted published standards.
- Perform appropriate physiologic calibrations to ensure proper signals.
- Perform routine positive airway pressure (PAP) mask fitting.

Polysomnographic Procedures

- Follow procedural protocols [such as Multiple Sleep Latency Test (MSLT), Maintenance of Wakefulness Test (MWT), parasomnia studies, PAP and oxygen titration, etc.] to ensure collection of appropriate data.
- Follow "lights out" procedures to establish and document baseline values (such as body position, oxyhemoglobin saturation, respiratory and heart rates, etc.)
- Perform polysomnographic data acquisition while monitoring study-tracing quality to ensure signals are artifact-free. Identify and report signal abnormalities.
- Document routine observations, including sleep stages and clinical events, changes in procedure, and other significant events in order to facilitate scoring and interpretation of polysomnographic results.
- Assist with appropriate interventions (including actions necessary for patient safety and therapeutic intervention such as continuous and bi-level positive airway pressure, oxygen administration, etc.).
- Follow "lights on" procedures to verify integrity of collected data and complete the data collection process (e.g. repeats the physiological and instrument calibrations and instructs the patient on completing questionnaires, etc.).
- Demonstrate the knowledge and skills necessary to recognize and provide age specific care in the treatment, assessment, and education of neonatal, pediatric, adolescent, adult, and geriatric patients.

Service Management and Professional Issues

- Comply with applicable laws, regulations, guidelines and standards regarding safety and infection control issues.
- Participate in equipment care and maintenance.
- Maintain current CPR or BCLS certification.
- Demonstrate effective written and spoken communication skills.
- Demonstrate appropriate social skills.
- Demonstrate ability to follow direction.

Education and/or Experience

High school diploma or GED plus 6 months of direct patient care experience or 1 year of postsecondary education.

OR

Current enrollment in an accredited educational program leading to an associate degree with an emphasis in polysomnography.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand; use hands to finger, handle, or feel; reach with hands and arms; climb or balance; and talk or hear. The employee is

occasionally required to walk; sit; and stoop, kneel, crouch, or crawl. The employee must regularly lift and/or move up to 10 pounds, frequently lift and/or move up to 25 pounds, and occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

Work Environment

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. In the performance of this job, the employee may be exposed to chemical vapors such as acetone, ether, or glutaraldehyde. There may also be skin contact with these substances. The employee may also be exposed to infectious agents including blood-borne pathogens.

Sleep Technician

Position Summary

A Sleep Technician performs comprehensive polysomnographic testing and analysis, and associated interventions under the general oversight of a Sleep Technologist (RPSGT) and/or the clinical director (MD, PhD, DO) or designee. A Sleep Technician can provide supervision of a Sleep Trainee.

Domains of Practice

Gather and Analyze Patient Information

- Review history, physical information, medications, procedure request, and study protocol.
- Complete and verify documentation.
- Explain the procedure and orient the patient to the sleep center.

Polysomnographic Procedures

- Prepare and calibrate equipment required for testing to determine proper functioning and make adjustments, if necessary.
- Apply electrodes and sensors according to accepted published standards.
- Perform appropriate physiologic calibrations to ensure proper signals and make adjustments, if necessary.
- Perform routine positive airway pressure (PAP) mask fitting.

Testing Preparation Procedures

- Follow procedural protocols [such as Multiple Sleep Latency Test (MSLT), Maintenance of Wakefulness Test (MWT), parasomnia studies, PAP and oxygen titration, etc.] to ensure collection of appropriate data.
- Follow "lights out" procedures to establish and document baseline values (such as body position, oxyhemoglobin saturation, respiratory and heart rates, etc.)
- Perform polysomnographic data acquisition while monitoring study-tracing quality to ensure signals are artifact-free and make adjustments, if necessary.

- Document routine observations, including sleep stages and clinical events, changes in procedure, and other significant events in order to facilitate scoring and interpretation of polysomnographic results.
- Implement appropriate interventions (including actions necessary for patient safety and therapeutic intervention such as continuous and bi-level positive airway pressure, oxygen administration, etc.)
- Follow "lights on" procedures to verify integrity of collected data and complete the data collection process (e.g. repeats the physiological and instrument calibrations and instructs the patient on completing questionnaires, etc.)
- Demonstrate the knowledge and skills necessary to recognize and provide age specific care in the treatment, assessment, and education of neonatal, pediatric, adolescent, adult, and geriatric patients.

Polysomnographic Record Scoring

- Assist with scoring sleep/wake stages by applying professionally accepted guidelines.
- Assist with scoring clinical events (such as respiratory events, cardiac events, limb movements, arousals, etc.) with center specific protocols.
- Assist with the generation of accurate reports by tabulating sleep/wake and clinical event data.

Service Management and Professional Issues

- Comply with applicable laws, regulations, guidelines and standards regarding safety and infection control issues.
- Perform routine equipment care and maintenance and inventory evaluation.
- Maintain current CPR or BCLS certification.
- Demonstrate effective written and spoken communication skills.
- Demonstrate appropriate social skills.
- Demonstrate ability to follow direction.
- Respond to study participant's procedural-related inquiries by providing appropriate information.

Education and/or Experience

Successful completion of a polysomnography program, of no less than one year duration, associated with a state licensed and/or a nationally accredited educational facility.

OR

A minimum of 6 months of experience as a Sleep Trainee with documented proficiency in all required competencies.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently required to stand; use hands to finger, handle, or feel; reach with hands and arms; climb or balance; and talk or hear. The employee is occasionally required to walk; sit; and stoop, kneel, crouch, or crawl. The employee must regularly lift and/or move up to 10 pounds, frequently lift and/or move up to 25 pounds, and occasionally lift and/or move up to 50 pounds. Specific vision

abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

Work Environment

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. In the performance of this job, the employee may be exposed to chemical vapors such as acetone, ether, or glutaraldehyde. There may also be skin contact with these substances. The employee may also be exposed to infectious agents including blood-borne pathogens.

Sleep Technologist

Position Summary

A Sleep Technologist works under the general supervision of the clinical director (M.D., D.O., or PhD) or designee to provide comprehensive evaluation and treatment of sleep disorders. This may involve polysomnography, diagnostic and therapeutic services or patient care and education. A Sleep Technologist can perform the duties defined for a Sleep Technician and may provide oversight of other staff.

Domains of Practice

Gather and Analyze Patient Information

- Collect, analyze and integrate patient information in order to identify and meet the patient-specific needs (Physical/mental limitations, current emotional/physiological status regarding the testing procedure, pertinent medical/social history), and to determine final testing parameters/procedures in conjunction with the ordering physician or clinical director and laboratory protocols.
- Complete and verify documentation.
- Explain pre-testing, testing, and post-testing procedures to the patient.

Testing Preparation Procedures

- Prepare and calibrate equipment required for testing to determine proper functioning and make adjustments if necessary.
- Apply electrodes and sensors according to accepted published standards.
- Perform appropriate physiologic calibrations to ensure proper signals and make adjustments if necessary.
- Perform positive airway pressure (PAP) mask fitting.

Polysomnographic Procedures

- Follow procedural protocols [such as Multiple Sleep Latency Test (MSLT), Maintenance of Wakefulness Test (MWT), parasomnia studies, PAP, oxygen titration etc.] to ensure collection of appropriate data.
- Follow "lights out" procedures to establish and document baseline values (such as body position,

oxyhemoglobin saturation, respiratory and heart rates, etc.)
- Perform Polysomnographic data acquisition while monitoring study-tracing quality to ensure signals are artifact-free and make adjustments, if necessary.
- Document routine observations including sleep stages and clinical events, changes in procedure, and significant events in order to facilitate scoring and interpretation of polysomnographic results.
- Implement appropriate interventions (including actions necessary for patient safety and therapeutic intervention such as continuous and bi-level positive airway pressure, oxygen administration, etc.)
- Follow "lights on" procedures to verify integrity of collected data and complete the data collection process (repeats the physiological and instrument calibrations and instructs the patient on completing questionnaires, etc.)
- Demonstrate the knowledge and skills necessary to recognize and provide age specific care in the treatment, assessment, and education of neonatal, pediatric, adolescent, adult, and geriatric patients.
- Oversees and performs difficult and unusual procedures and therapeutic interventions.

Polysomnographic Record Scoring

- Score sleep/wake stages by applying professionally accepted guidelines.
- Score clinical events (such as respiratory events, cardiac events, limb movements, arousals etc.) according to center specific protocols.
- Generate accurate reports by tabulating sleep/wake and clinical event data.

Service Management and Professional Issues

- Comply with applicable laws, regulations, guidelines and standards regarding safety and infection control issues.
- Perform routine and complex equipment care and maintenance.
- Evaluate sleep study related equipment and inventory.
- Maintain current CPR or BCLS certification.
- Demonstrate effective written and spoken communication skills.
- Demonstrate appropriate social skills.
- Respond to study participant's procedural-related inquiries by providing appropriate information.
- Demonstrate the ability to analyze complex situations and apply policy.
- Comply with the BRPT Standards of Conduct.

Education and/or Experience

Successful completion of an accredited educational program leading to an associate degree with an emphasis in polysomnography.

OR

Successful completion of a polysomnography program of no less than one than one year duration associated with a state licensed and/or a nationally accredited educational facility or equivalent experience and documented proficiency at all competencies required of a Sleep Technician.

AND

Certification by the Board of Registered Polysomnographic Technologists as a Registered

Polysomnographic Technologist or equivalent.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently required to stand; use hands to finger, handle, or feel; reach with hands and arms; climb or balance; and talk or hear. The employee is occasionally required to walk; sit; and stoop, kneel, crouch, or crawl. The employee must regularly lift and/or move up to 10 pounds, frequently lift and/or move up to 25 pounds, and occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

Work Environment

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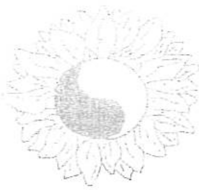

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The following is the position paper adopted by the American Association of Sleep Technologists (formerly the American Association of Polysomnographic Technologists) Which echoes the view of the Kansas Association of Sleep Professionals:

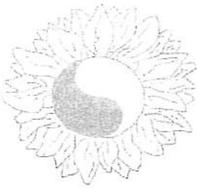
POSITION PAPER:
POLYSOMNOGRAPHIC TECHNOLOGY A DISTINCT PROFESSION

Polysomnographic Technology is a multidisciplinary allied health occupation that has emerged as the unique profession for performing the technical evaluation of the broad range of sleep disorders. Polysomnography is a complex evaluation used as a quantitative polysomnographic (PSG) measurement of multiple physiological parameters during sleep. A polysomnographic technologist, polysomnographic technician or polysomnographic trainee attends PSG evaluations provided by sleep laboratory facilities. PSG evaluation is necessary because physiological functions change during the sleeping state and many disorders are specifically induced by sleep.

The growth in the field has been exponential as evidenced by the record numbers of technicians taking the Board of Registered Polysomnographic Technologists (BRPT) Comprehensive Registry Exam (CRE). The APT has acknowledged the need for a formal educational format for the field and invested its full resources to developing a standardized curriculum based on the BRPT exam matrix to fill this need. The Professional Development Committee (PDC) was established to develop the educational materials. In April, 2003, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) has approved the formation of a Committee on Accreditation of Polysomnography (CoAPSG) to recommend educational programs in polysomnography for accreditation.

Historically, as the medical specialty emerges so does the associated allied health profession. The development of modern Sleep Medicine began to see significant expansion with research completed in the early 1950s with the discovery of rapid eye movement (REM) sleep. Since that time, more than eighty specific disorders of sleep and arousal are identified in the AASM nosology. A PSG evaluation is one of the tools used by physicians that can result in a specific diagnosis of a sleep disorder that might otherwise be missed. The most common reasons for an individual to be referred to the sleep disorders facility for evaluation include: (1) episodes of sleep at inappropriate times; (2) difficulty sleeping during scheduled sleep periods: (3) difficulty staying awake during scheduled wake periods; (4) atypical behavioral events during sleep; (5) to document the effectiveness of various therapeutic interventions utilized for the management of the documented sleep disorder.

A PSG evaluation is necessary because physiological function change during the sleeping state and many disorders are specifically induced by sleep. Likewise, a PSG evaluation allows events occurring in a variety of physiological systems to be observed simultaneously.



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Much of its diagnostic utility depends on the ability to correlate specific changes or abnormalities of one physiological parameter with specific conditions defined by another parameter or parameters. Consequently, it is a significantly more powerful and complex tool than could be provided by individual and independent measurements of each variable. The PSG evaluation requires a complete PSG to document (1) the underlying sleep disorder, i.e. sleep apnea or PLMs; (2) the success of treatment of sleep apnea, i.e. Nasal CPAP titration;(3) sleep stage and respiratory disturbance parameters.

In accordance with the APT Standards of Care of the Sleep/Wake Professional, polysomnographic technologists, polysomnographic technicians and polysomnographic trainees follow standards of care which are the foundation for clinical/technical decision making.

These standards embody all the significant activities taken by these professionals in provision of patient sensitive care. The PSG recording montage should consist of the measurement of the defined parameters which include electro-occulography (EOG), electroencephalography (EEG), electromyography (EMG) of the chin and anterior tibialis muscle, snoring, electrocardiography (ECG), nasal/oral airflow, chest and abdominal breathing effort, body position, and oxygen saturation. Monitoring these parameters allows the polysomnographic technologist, polysomnographic technician and polysomnographic trainee to determine and initiate appropriate treatment modalities/interventions per facility protocol. Thus, This profession has unique diagnostic tools and therapeutic interventions which require expertise in this unique specialty of Sleep Medicine.

Polysomnographic Technology is a distinct profession that has evolved to address an array of highly prevalent sleep disorders which are profoundly influenced by the sleep - wake cycle across the spectrum of age, gender and organ systems. A substantial body of knowledge exists that specifically relates to those disorders of the sleep - wake cycle. One of the indicators of
this growth of knowledge and interest is seen in the dramatic increase in the number of medical journals publishing papers in the areas of sleep medicine and sleep science.

The APT continues its strong connection to the American Academy of Sleep Medicine and leadership of the APT works closely with the Associated Professional Sleep Societies to schedule and develop the programming for ease and convenience of those sleep professionals to attend sessions in both meetings and share in the displays of new technological advances and services.

Adopted by the Association of Polysomnographic Technologists June 3, 2003

American Association of Sleep Tec

RPSGT Credential

What is a registered polysomnographic technologist (RPSGT)?
An RPSGT is a fully-trained sleep technologist who has met the rigorous requirements to become credentialed by the Board of Registered Polysomnographic Technologists. This credential represents the highest standard in the field of sleep technology. To become RPSGT credentialed, technologists must have the necessary clinical experience criteria, have BCLS certification or its equivalent, pass a rigorous examination, maintain a high level of competence and expertise in the field of polysomnography and adhere to strict rules of conduct.

What does it take to earn the RPSGT credential?
To earn the RPSGT you must pass a rigorous 4-hour, 200-question, computer-based examination and agree to abide by the Board of Registered Polysomnographic Technologists Code of Ethics and Standards of Conduct. Only those deemed eligible by the BRPT may sit for the exam. To maintain their credential, RPSGTs must recertify every 5 years by earning 50 continuing education hours or retaking the exam.

How is the RPSGT exam administered?
The exam is taken on a computer in a private testing booth at a Pearson VUE testing center. The exam consists of 200 multiple-choice items. Candidates are permitted four hours to complete this test. The test presents each question with four response alternatives (A, B, C, and D). One of these represents the single best response, and credit is granted only for selection of this response. The exam is administered at hundreds of test sites around the world every year during 4 testing windows. Each testing window is about 2 weeks long, allowing applicants to take the exam at a convenient time that does not interfere with work, family or religious obligations.

Who is eligible to take the RPSGT exam?
Those eligible to take the examination include professionals with 18 months of paid clinical experience in polysomnography, credentialed professionals with 6 months of paid clinical experience in polysomnography from a BRPT-accepted health-related field such as nursing, respiratory care and electroneurodiagnostics (see Candidate Handbook for complete list), or graduates of programs with special recognition in polysomnography and accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). In addition, any candidate qualifying for the examination process through one of the experiential pathways must meet eligibility requirements by submitting proof of completion of the American Academy of Sleep Medicine's A-STEP Self-Study (online) Modules, or an equivalent educational program.

What is the value of earning the RPSGT credential?
Earning the RPSGT credential is one way to differentiate yourself from other sleep techs and establish immediately that you are invested in the profession, have achieved a minimal level of core competency and continue to educate yourself about polysomnographic technology. In the sleep medicine field, the RPSGT credential is the mark of a highly skilled allied health care professional who has met the high standards of the Board of Registered Polysomnographic Technologists, an internationally recognized and

accredited organization.

Where can I find out more about applying for the RPSGT exam?
Visit the web site of the Board of Registered Polysomnographic Technologists and download a free copy of the RPSGT Exam Candidate Handbook.

To access the RPSGT Candidate Handbook click here
To view the RPSGT exam dates click here
To view the RPSGT eligibility requirements click here
To go to the BRPT Web site click here

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Select **15586791**

1: Sleep. 2004 Nov 1;27(7):1379-83.

Comment in:
Sleep. 2005 Feb 1;28(2):276; author reply 277.

Incidence of serious adverse events during nocturnal polysomnography.

Mehra R, Strohl KP.

Center for Sleep Disorders Research, Louis Stokes DVA Medical Center, Case Western Reserve University Cleveland, OH, USA. mehrar@ameritech.net

OBJECTIVES: The purpose of the study was to verify whether minimal concern is warranted in regard to serious adverse effects in the sleep laboratory. DESIGN: A prospective multicenter study PARTICIPANTS: Three scoring teams for 17 sleep laboratories. METHODS: Reports of adverse events occurring during polysomnography or identified upon scoring a study were collected over an 18-month time period. Incidence of mortality and adverse events were evaluated using a binomial distribution based on the Bernoulli process. RESULTS: Of 16,084 studies, the mortality rate during or 2 weeks after an adverse event, as noted, was 0.006%, and the overall rate of adverse events was 0.35%. CONCLUSIONS: Adverse event rates are low; however, procedures for handling medical emergencies or adverse events during or after polysomnography are prudent, and those studies performed for research should include preparedness for the possibility of adverse events.

PMID: 15586791 [PubMed - indexed for MEDLINE]

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The Sleep Center

William Leeds D.O., D-ABSM
MEDICAL DIRECTOR

ACCREDITED
MEMBER CENTER

Testimony of William Leeds, DO, FCCP, D-ABSM regarding SB 63, the Polysomnographic Practice Act

Dr. Barnett, Senators, I appreciate your time today to hear comments on SB-63. I have been involved in sleep medicine for over 20 years and as a Board Certified Sleep Physician, I understand the importance of highly trained and skilled sleep technologists.

I serve as medical director for three sleep labs in Kansas and have assisted labs form Garden City to Pittsburg become accredited by the American Academy of Sleep Medicine (AASM). The standards of the AASM are high, with requirements that foster the highest quality of care for our patients.

This bill, if enacted, will raise the bar for sleep technologists in Kansas, by ensuring a level of competency that is currently unregulated and inconsistent. I feel it is the intent of every AASM accredited sleep lab or center to provide the highest quality care and safety to the public. The Academy recognizes the importance of sleep technologists and in it's new accreditation standards it requires that all technologists be registered by the Board Registered of Polysomnographic Technologists or enrolled in one of two educational programs in sleep medicine.

Although AASM accreditation is encouraged by health insurance reimbursement levels, the reality is that not all sleep services are accredited nor do they meet the strict standards of the AASM. The licensing of persons providing these services is an important step in improving not only the quality of diagnostic testing that we physicians depend upon, but increases patient safety by ensuring a minimal level of competency for persons performing these services.

As physicians we possess a broad range of medical knowledge, however; that does not qualify us to perform every procedure. Primum non nocere. We benefit greatly from the multidisciplinary backgrounds that our sleep professionals come from. Sleep technologists come from many different backgrounds, nursing, respiratory therapy, electroneurodianostics and other areas, but all require additional unique and specialized training to function in the sleep diagnostics arena.

The importance and uniqueness of the PSG technologist has been recognized by the Center for Medicare Services for many years. It requires that testing of Medicare recipients be performed by persons who are certified or registered in sleep medicine. This requirement is in place to ensure a high level of training and competency in diagnostic testing and therapeutic intervention.

Public Health and Welfare
Date: 02/04/09
Attachment: 5

515 SW Horne, Suite 200 • Topeka, KS 66606 • Office (785) 234-5480 • Fax (785) 234-3124

The Sleep Center

William Leeds D.O., D-ABSM
MEDICAL DIRECTOR

ACCREDITED
MEMBER CENTER

I can assure you that SB 63 would in no way limit or prohibit any of the programs I am associated with form providing services to the public. To the contrary it will improve the level of service.

Patient safety is always a prime concern of every health care provider in the state. When I entrust the care of my patients to a sleep lab or center, I expect the highest quality care, provided by technologists who have met the standards of education this bill would help ensure for all patients undergoing sleep services in Kansas.

Thank you,

William Leeds, DO, FCCP, D-ABSM

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The Sleep Lab

February 2, 2009

Dear Senator,

My name is Cindy Birdsong and I am pleased to submit this testimony on the proposed legislation to establish licensure standards for sleep technologists in Kansas. I am a Registered Sleep Technologist or Polysomnographer. I have worked in the field of Sleep Medicine for 9 years, and have been a Registered Respiratory therapist for 21 years. I currently hold the position of President of the Kansas Association of Sleep Professionals and am the Coordinator of the sleep laboratory for Labette Health; a 95 bed Critical access hospital located in Parsons Kansas. I am testifying both from a personal standpoint and on behalf of Labette Health Hospital.

The field of Sleep Medicine has grown significantly over the years. This growth has mostly been driven by the recognition of Obstructive Sleep Apnea, as a potentially life threatening condition. OSA has been linked with cardio-vascular disorders such as hypertension, heart attack and stroke. Additionally the repetitive disruptions of sleep caused by OSA can lead to debilitating levels of excessive daytime somnolence. These levels of daytime sleepiness can lead to cognitive deficits, depression and an increased risk of workplace and automobile accidents. The importance of maintaining the level of care at its highest will assure the safety and best possible outcome for the patients that need the expert care given at sleep facilities.

As with all fields of medicine, there are periods of rapid development that occur in an environment that is primarily controlled by the ethics of the medical profession. As these fields grow, and clinical practice becomes less of an art and more of a science (there is a need to practice). For the past few years, sleep medicine has been in this transition. Sleep Technologists who are the primary subject of this legislation, have achieved national accreditation of their Board Registry examination and educational curriculum. Unfortunately, as may be expected with such rapid growth - there are an increasing number of sleep laboratories that seem more interested in economics than medicine. These organizations often employ absentee medical directors, hire poorly trained technologists and do not operate within broadly accepted standards of practice.

CMS and most insurance companies recognize the importance of having qualified persons testing for sleep disorders. They have voiced their position by regulating who, where and what they will pay for testing. Only a nationally (American Academy Sleep Medicine) accredited laboratories and disorder centers are reimbursed 100% for studies performed. This alone is not enough to ensure that all facilities are safely treating and diagnosing patients in all sleep centers throughout Kansas. By supporting this bill, ultimately all the facilities in Kansas will perform quality studies and patient safety will be assured. This includes the people that seek treatment with out insurance or people that do not realize there is a difference in cost of non-accredited facilities vs. accredited ones.

Labette Health is a center who is accredited by the AASM and has supported the education of its sleep technicians for many years now and will continue to do so even in this decreased economic time. There will be no negative impact on the patients in southeast Kansas, or financially for our facility, as should be the case for all accredited centers. I believe this will positively impact our state as a whole. Essentially we will be raising the bar of all sleep facilities throughout Kansas to meet the criteria of the national accrediting body.

I feel a great love and affinity for sleep medicine. I have seen the advantages of educated technicians doing what they do best. I believe in treating all patients as I would want a family member to be treated. As a family member of persons with sleep apnea, and a CPAP wearer myself, it is to this end that I would like to see Bill SB63 pass.

Sincerely,

Cindy Birdsong, RRT-RPSGT
Sleep Lab Coordinator
Labette Health
Parsons, Kansas

My Name is Robert Hendrickson; I have been a Registered Sleep Technologist (RPSGT) since 1990. I completed my 1st sleep study in February of 1987. I am employed by Somnograph Inc. as a sight manager for 2 sleep centers in Wichita. I am writing today in support of the Kansas Association of Sleep Professionals and bill SB-63.

It is important that Sleep Technology be thought of as multi-disciplinary, stand alone profession. SB-63 recognizes the scope of practice of polysomnography which utilizes the monitoring of multi-parameters in diagnosing and management of a broad spectrum of complex and multi-system sleep disorders including sleep apnea, insomnia, narcolepsy and restless legs syndrome, just to name a few of the more than 100 classified sleep disorders.

The Centers for Medicare Medicaid Services recognize AASM Accreditation and RPSGT staff as the gold standard in sleep quality diagnostic care. Blue Cross / Blue Shield, one of Kansas' leading health insurers recognizes Accreditation by the American Academy of Sleep Medicine (AASM) as a key component for quality of sleep diagnostic care and a requirement for reimbursement. The standards for AASM currently require at least one Registered Sleep Technologist be employed by an Accredited Sleep Center. Beginning in July 2009, the AASM standards state that all technologists working in the field of Polysomongraphy, who have not already achieved the credential RPSGT, must be enrolled in a recognized training program. The ASTEP training program offered by the AASM / AAST is to be completed in 18 months. The technologist is then eligible to take the Registry examination.

SB-63 includes educational and training requirements established by the American Academy of Sleep Medicine (AASM), the American Association of Sleep Technologists (AAST) and the Board of Registered Polysomnographic Technologists (BRPT) in a collaborative effort to ensure comprehensive education and training for polysomnographic technologists by sleep medicine professionals. These organizations have promoted excellence in sleep medicine through the development of evidence-based standards of practice, education, training and research. SB-63 includes provisions for educational and training pathways to be approved by the board. The ultimate goal is to have graduates from colleges accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP is the largest programmatic accrediting agency in the health sciences field, and it reviews over 2000 educational programs in 20 health science occupations.

The demand by many health care insurers for AASM Accreditation has caused sleep centers to migrate to the larger cities in Kansas. This is due to the requirement for a physician boarded as a Diplomat of the American Board of Sleep Medicine. Even so, my employer, Somnograph, and several other sleep diagnostic companies continue to serve many rural communities across Kansas. I enter this as support that small communities across Kansas need not be negatively impacted by SB-63. Additionally as a manager I do not see this bill negatively affecting Somnograph's ability to meet the sleep diagnostic needs of our patients.

Backing professionals specifically trained in Sleep Technology has other positive out comes. For example, the National Transportation and Safety Board have recognized the devastating role sleep disorders have on their industry. Going beyond reducing Obstructive Sleep Apnea's well documented association with cardio-vascular problems to keeping the truck drivers awake, reducing accidents and

making the highway system safer. This is added emphasis why Kansas will benefit from dedicated sleep technology professionals and bill SB-63

Thank you for your time and consideration of this bill.

Robert Hendrickson, RPSGT
1 Timothy Lane
Goddard, Kansas 67052
(H) 316.794.3460
(C) 316-393.9431

Thank you for considering my written testimony supporting SB-63.

I am Debra Campbell both a registered technologist in polysomnography (RPSGT) and electroencephalography (REEGT). I have been employed in these positions for twenty years and would like to address the education that is necessary to be a competent polysomnograper.

My background before entering the field of polysomnography was that of an EEG technologist. This experience prepared me with ability to recognize the brain wave activity during both wake and sleep, including both normal and abnormal brain activity. There are brain wave patterns that during the wake state are abnormal, yet during sleep are normal. There are also many normal variants of brain wave activity, including but not limited to age, medication use and even in the presence of chronic pain. It also prepared me how to identify brain waves consistent with seizure activity. This included how to keep my patient safe during a seizure and at what point the seizure activity becomes a medical emergency requiring EMS.

With this background I could not have entered the field of polysomnography and been a competent technologist on day one. Our profession requires much more expertise than merely being trained in the monitoring of one of the several modalities used in sleep disorder testing. My background did not educate me in the treatment side of sleep disorders at all.

It is a fact that polysomnographers come from various backgrounds including respiratory therapy, nursing as well as EEG. Just like me they bring valuable experience to the field but without proper education in sleep disorder testing and treatment, would not be able to walk in on day one and be a competent polysomnograper.

Fulfilling initial educational and competency requirements and meeting continuing education requirements are necessary in order to provide a high quality of care and to ensure the safety of all Kansas residents needing such services.

As health care professionals and as elected legislative officials we have a responsibility to protect the consumer. I believe the general public chooses health care providers based on many things including: family history, hearing positive remarks from co-workers or neighbors and in some cases because their insurance will pay more if the service required is performed by a preferred provider.

They don't question whether a provider has fulfilled initial educational and competency requirements and meets continuing education requirements. They expect both of us to make sure laws governing licensure regulations are in place and followed.

As a health care professional I believe that these expectations are what Kansas health care consumers deserve and urge you to pass this bill.

Again, thank you for this opportunity to provide some understanding of my unique profession and why I support KB-63.

Respectfully,

Debra A. Campbell, RPSGT, REEGT

Debra Campbell, RPSGT, REEGT
3413 SW Lakeside Drive
Topeka, KS 66614

(1-1-09)

Dear Representative/Senator:

As Assistant Director of Sleep Services at Pulmonary and Sleep Associates in Topeka and a concerned Registered Respiratory Therapist/Registered Polysomnographic Technologist (RPSGT), I am asking you to support SB-63, Polysomnography Practice Act, which would create licensure and a Polysomnography Professional Standards Committee under the Kansas State Board of Healing Arts for polysomnographic providers and promotes standardized education and training for polysomnographic health care professionals.

Polysomnography, more commonly known as a "sleep study" is the main diagnostic evaluation for individuals with sleep disorders. Polysomnographic (sleep) technologists perform sleep studies routinely in a sleep disorders center or laboratory under the supervision of a licensed physician in Kansas who possess specific expertise related to the diagnosis and therapy of the more than 100-classified sleep disorders. SB-63 would ensure individuals are educated, trained and credentialed in polysomnographic procedures.

This legislation includes educational and training requirements established by the American Academy of Sleep Medicine (AASM), the American Association of Sleep Technologists (AAST) and the Board of Registered Polysomnographic Technologists (BRPT) in a collaborative effort to ensure comprehensive education and training for polysomnographic technologists by sleep medicine professionals. These organizations have promoted excellence in sleep medicine through the development of evidence-based standards of practice, education, training and research.

SB-63 includes provisions for educational and training pathways to be approved by the board. The ultimate goal is to have graduates from colleges accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP is the largest programmatic accrediting agency in the health sciences field, and it reviews over 2000 educational programs in 20 health science occupations.

SB-63 recognizes the scope of practice of polysomnography, which utilizes the monitoring of multiple parameters in diagnosing and managing of a broad spectrum of complex and multi-system sleep disorders. Disorders such as sleep apnea, insomnia, narcolepsy and restless legs syndrome are just a few of the more than 100 classified sleep disorders. This knowledge is unique to the field of polysomnography and not possessed by other health care professionals without additional education in sleep technology, specifically polysomnography. Formal and comprehensive professional development and certification specific to polysomnography clearly demonstrates other practitioners are not qualified to practice within the scope of polysomnography and lack the knowledge, education, experience and competence inherent to quality care for patients with sleep disorders.

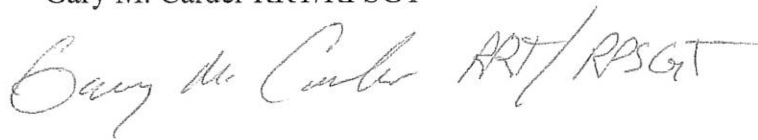
This bill, if passed will ensure that all persons performing polysomnography have a minimum level of education that is not required at this time. This will greatly increase the safety of all of our patients. This is also a self-sustaining bill and will not cost Kansas taxpayers any money. The number of people practicing polysomnography in Kansas that will need to be licensed; will be enough to create a self-sustaining license, and in this

economic climate that is something that really should be strived for in any new legislation.

Thank you for your support of this important piece of legislation – SB-63.

Sincerely,

Gary M. Carder RRT/RPSGT



9-7.

DEPARTMENT OF HEALTH
AND ENVIRONMENT

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

Licensure of Polysomnographic Technologists and Technicians

Senate Bill No. 63

Presented to the
Senate Committee on Public Health and Welfare

By
Joseph Kroll
Director, Bureau of Child Care and Health Facilities
Department of Health and Environment
February 4, 2009

Chairman Barnett and members of the Senate Committee on Public Health and Welfare, I am Joseph Kroll, Director, Bureau of Child Care and Health Facilities. Thank you for the opportunity to present testimony on Senate Bill No. 63, which would establish licensure and regulation of polysomnographic technologists and technicians by the Board of the Healing Arts. In order for the Committee to make an informed decision, some history may be helpful.

The Health Occupation Credentialing Act, K.S.A. 65-5001 et seq. establishes a process to determine if the public good is served by credentialing a health occupation. Ten criteria are identified to evaluate the impact of the practice not being regulated, impact on taxpayers, how the public may be benefited, the effect of credentialing on availability and other criteria found in the statute. A seven person Technical Committee is appointed by the Secretary, pursuant to the Act, to evaluate each application. This is a very thorough and fair process resulting in a recommendation to the legislature.

On December 3, 2008, a representative of the Kansas Association of Sleep Professionals met with staff of the Kansas Department of Health and Environment. KDHE staff advised the Association of the credentialing review process under the Kansas Act on Credentialing (KSA 65-5001 *et seq.*), and the Association indicated an intent to pursue a credentialing review. However, to date there has been no further contact with the Association. This proposed legislation bypasses the Kansas Act on Credentialing.

The applicant group desires to be able to practice under licensure without benefit of a technical review. Perhaps the most compelling reason to conduct this review is to abide by the Kansas Act on Credentialing provision that all recommendations of the technical committee and the secretary shall be consistent with the policy that "the *least* regulatory means of assuring the protection of the public is preferred."

We respectfully request that Senate Bill 63 not be passed and that the legislature uphold its Act on Credentialing as the means by which such a request can be fairly evaluated.

Thank you again for the opportunity to comment on Senate Bill No. 63. I would be happy to respond to any questions you may have.

Testimony
Debbie Fox

Kansas Respiratory Care Society

An Affiliate of the American Association for Respiratory Care

February 2, 2009

Testimony in Opposition to SB 63
Before the Senate Public Health and Welfare Committee

Dear Chairman Barnett and Members of the Committee:

The Kansas Respiratory Care Society (KRCS) is a professional organization representing the 1,700 licensed respiratory therapists in the state of Kansas. The KRCS supports the credentialing of Polysomnography but opposes SB 63 as it is currently written.

Respiratory Therapists have been credentialed in Kansas since 1986. Respiratory Therapy was the first allied health profession directed by the Kansas Act on Credentialing to complete the Healthcare Occupation Credentialing program administered by the KDHE. Respiratory Therapists are licensed under the Kansas State Board of Healing Arts.

Sleep testing and the care of patients with obstructive sleep apnea and other sleep disorders has always been a part of the Respiratory Therapy scope of practice, whether in a diagnostic laboratory, a hospital setting or the home care environment. The science of sleep diagnostics and treatment is included in our educational curriculum and our national exam matrix.

The KRCS did not receive prior notification that SB 63 was being introduced to the Kansas Legislature. No formal communication was received from the Kansas Association of Sleep Professionals (KASP) regarding their intent to seek licensure. Therefore the KRCS had no opportunity for input on a bill that directly impacts the practice of all Kansas respiratory therapists and no opportunity to make recommendations for revision prior to being introduced to this committee.

The Kansas Respiratory Care Society opposes SB 63 re: the licensure of polysomnographic technologists for the following reasons:

1. **NO SPECIFIC EXCLUSION FOR RESPIRATORY THERAPISTS:** This bill carves out a section of the Respiratory Therapy scope of practice and identifies polysomnography as a separate professional entity requiring a separate license for practice. Many Respiratory Therapists perform sleep-related services in their daily practice. Since the overlap between Sleep and Respiratory Therapy exists, the KRCS requests a specific exemption for licensed respiratory therapists.

   KRCS Recommendation: The bill has a separate exclusion for nursing and dentists, but not for the respiratory therapists who are currently practicing. The KRCS requests a specific exemption defined in the statute to prevent any future misunderstanding or actions placing additional credentialing, examination or licensing requirements for respiratory therapists.

Kansas Respiratory Care Society

An Affiliate of the American Association for Respiratory Care

2. **EDUCATIONAL REQUIREMENTS:** The purpose of credentialing of health occupations is to protect the public's safety, health and welfare. The educational requirements for Polysomnography are currently in a state of transition. At this time, two levels of educational programming are available to sit for the RPSGT examination.

A Step Program: The first level is the A Step program which is not accredited by the Commission on Accreditation of Allied Health Professions (CAAHEP) or similar organization. The A Step is an on-the-job training 80 clock-hour introductory course open to high school graduates or GED. A 14-mdule online A Step program is also available. The College of Chest Physicians has issued position statements that the A Step program should only be considered a "stop-gap measures to maintain a workforce in regions where CAAHEP accreditation programs are not readily available". See Attachment 1.

Under SB 63, a student of this 80 clock-hour course would be eligible for a student permit and would be able to perform all the functions currently described in the bill's scope of practice. Essentially this gives this student the opportunity to practice areas that are currently in the licensed RT scope of practice. Currently there are only 2 A Step programs available in Kansas.

- Pulmonary and Sleep Associates, Topeka, KS. Director Henry Johns
- somniTech Inc, Overland Park, KS. Director Michael Garrison

CAAHEP Approved Programs: The second level is a comprehensive training program accredited by the CAAHEP. This may be a free standing program or an add-on sleep technology program to an existing Respiratory Therapy or Electroneurodiagnostic Technology program. There are currently 40 CAAHEP accredited programs in the United States.

There is no accredited CAAHEP program in the state of Kansas. However one program has been opened that is currently in the process of completing CAAHEP accreditation.

- Johnson County Community College, Polysomnography/Sleep Technology, Director Chad Sanner

KRCS Recommendations: The bill places no limit on the amount of time a student may hold a student permit, except until graduation or until enrollment ceases. The A Step 80 clock-hour program and the A Step online program do not have a timeline for graduation, allowing students to practice on an unlimited basis. We would recommend a 2-year time limit for the student permit identical to the current limitation on the RT Student Permit.

The KRCS would support CAAHEP accredited educational programming for Polysomnography. This would be consistent with the educational program requirements of other health care professionals licensed by the Kansas Board of Healing Arts. By endorsing the A Step programming, the door is opened to make an on-the-job training program a legally sanctioned pathway to licensure of sleep personnel. This does not allow for adequate protection of the public's safety and welfare. The KRCS would also support that KASP complete the Healthcare Occupations Credentialing program as mandated under the Kansas Act on Credentialing as that process may allow a forum to address the concerns regarding educational requirements.

Kansas Respiratory Care Society

An Affiliate of the American Association for Respiratory Care

3. **CREDENTIALING EXAMINATIONS:** In addition to the RPSGT examination, another sleep specialty credential is now available as an option for respiratory therapists. The National Board of Respiratory Care administers the Sleep Disorders Specialty examination for Registered and Certified Respiratory Therapists.
   KRCS Recommendation: This credential (RRT-SDS, CRT-SDS) needs to be recognized in addition to the RPSGT.

4. **COMPOSITION OF THE "COUNCIL":** SB 63 allows KASP to recommend names to the Kansas Governor for appointment to all 6 council positions, including the physician, consumer, sleep lab director and three polysomnographic technologists.
   KRCS Recommendation: The council should include at least two public consumer members appointed by the Governor instead of one. To allow for unbiased input, the public members should not be recommended by KASP. Recommendations for the physician member should come from the Kansas State Board of Healing Arts or the Kansas Medical Society. Only three members of the council should be polysomnographic technologists. This would make the council composition and appointment process same as the other allied health professions licensed by the Kansas State Board of Healing Arts.

5. **FEE STRUCTURE:** SB 63 has a proposed fee structure. No estimate has been put forward regarding the number of sleep personnel to be licensed under this statute. Currently the Board of Registered Polysomnographic Technologists list 129 individuals holding the RPSGT credential in Kansas. This number would not take into account any students or non-credentialed individuals performing sleep services. In the current economic climate, it would be expected that the fee structure should support the cost of licensure for the sleep personnel.
   KRCS Recommendation: KASP needs to provide detailed manpower information so a self-supporting fee structure is developed.

Summary:

In conclusion, the KRCS supports the regulation of Polysomnography in Kansas but is opposed to SB 63 as it is currently written. For the KRCS to fully support licensure of Polysomnography, we feel all of the above recommendations need to be met.

The KRCS thanks you for the opportunity to address the Senate Committee. We would be glad to provide any additional information as requested.

Sincerely

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President, KRCS
(316) 268-5804
Donald_Carden@via-christi.org

Debbie Fox, MBA, RRT-NPS
Patient Advocacy Chair, KRCS
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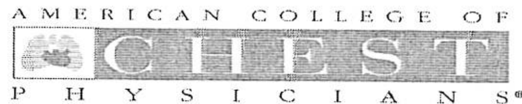
August 2007

ATTACHMENT 1



American College of Chest Physicians
Polysomnography Licensure
Position Statement

The American College of Chest Physicians (ACCP) is a multidisciplinary medical specialty society, with more than 16,700 members who focus on diseases of the chest, including the specialties of pulmonology and sleep medicine. The ACCP's core mission is to provide education for its members with the goal of upholding the highest standard of care possible for patients. The ACCP only supports non-exclusionary legislation that requires rigorous, unbiased, and independent training, accreditation, and credentialing, conforming to accepted national standards.

The ACCP recognizes the need for state regulation for individuals who provide sleep medicine diagnostic and therapeutic services. The purpose should always be to ensure quality patient care and safety, whether the legislation is focused on physicians or allied health professionals. Any legislation that lowers carefully crafted standards will undermine patient safety and impede the provision of programs that allow formally trained technologists to enter the discipline of sleep disorders medicine.

Currently, the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the nationally recognized accreditation body for educational programs for various allied health professionals, provides unbiased oversight of the educational process for polysomnographic technologists. Licensure for polysomnographic personnel must require attendance at an education and training program accredited by CAAHEP through one of its member Committees on Accreditation, namely CoAPSG (polysomnography), CoARC (respiratory care), or CoAEND (electroneurodiagnostic technology). Educational programs such as the AASM-A-STEP (American Academy of Sleep Medicine - Accredited Sleep Technology Program) were designed as stop-gap measures to maintain a workforce flow in regions where CAAHEP accreditation programs are not readily available. This type of program is a temporary measure and should not become a primary path of access to testing for credentialing.

Competency testing for the credentialing of individuals performing polysomnography ensures the knowledge level of technologists entering the field. The National Commission for Certifying Agencies (NCCA) is the accreditation body of the National Organization for Competency Assurance (NOCA) and establishes standards for credentialing agencies. Acceptable credentials must be those granted through validated examinations administered by NCCA accredited credentialing organizations, such as the Board of Registered Polysomnographic Technologists (BRPT), the National Board for Respiratory Care (NBRC), or an equivalent entity. Additional certification beyond those of the relevant allied health disciplines must not be required.

The American Academy of Sleep Medicine (AASM) and The Joint Commission accredit sleep centers to ensure high patient care standards are met. Access to diagnosis and treatment for patients with sleep disorders is critical. No barriers should be permitted. Legislation that upholds both the highest facility standards to insure accurate diagnosis, as well as the highest credentialing standards to insure appropriate treatment, is in the best interest of our patients.

February 4, 2009

Testimony in Opposition of SB 63
Before the Senate Public Health and Welfare Committee

Chairman Barnett and Members of the Committee:

Thank you for this opportunity to address the committee.

I am the manager of both a Sleep Disorders Center and Cardiopulmonary Services Department at Newman Regional Health in Emporia Kansas. I am a member of both the Kansas Association of Sleep Professionals and Kansas Respiratory Care Society and serve in officer capacities in both organizations. I respect both professions and have friends and colleagues in both areas of practice. I am credentialed in both Sleep and Respiratory Therapy. I also hold other credentials in health care fields. RPSGTs and RRTs are both employed in my departments. In reality, Sleep and Respiratory Therapy in the hospital setting are very connected and many of the duties cross over and are necessary to perform optimal and safe patient care.

I am an active member in both organizations and someone who wears both hats in my day -- to - day practice; I believe that all professionals performing patient care should strive to the highest level of education and credentialing. As a manager of both areas of service, I am concerned with the cost restraints we face in health care in today's economy. I believe it is imperative that I have the ability to use well-educated, credentialed staff to deliver cost effective, safe patient care. This bill would limit ability to use Respiratory Therapists throughout both areas of service.

The proposed SB63 does not exempt licensed Respiratory Therapists from additional examinations and professional credentials and limits their ability to work in the sleep laboratory. This would hinder the flexibility to adjust staffing on a daily, sometimes hourly basis. In these uncertain economic times, it would also add to the expense of providing care due to the extra staff required to provide care. By not excluding Respiratory Therapists in the language of the bill, it will limit their current scope of care and place our patients in potential harm by limiting the care they provide.

I support the licensure of qualified, well-educated practitioners and do not oppose the licensing of sleep personnel. I DO oppose the language that would limit the duties of my Respiratory Therapists in the sleep laboratory and when providing patient education, and follow up care. I believe that we should work together to have a strong bill that supports all areas of care and credentials in providing safe patient care. I would welcome the opportunity to help develop a bill that works for all professionals supporting patient safety.

Respectfully submitted,

Karen S. Schell, MHSc, RRT-NPS, RPFT, RPSGT, AE-C, CTTS
Cardiopulmonary Services
Newman Regional Health
1201 West 12th
Emporia, Kansas 66801
(620)-341-7760

Testimony regarding Senate Bill 63

I am a licensed Respiratory Care Practioner (RCP) in the state of Kansas, speaking to commend and support the Kansas Association of Sleep Professionals seeking to obtain licensure for polysomnography technicians and technologists.

I am however, opposed to specific language of the bill as a licensed Respiratory Care Practioner in the state of Kansas.

Section 13 (g) (6 & 7) explicitly exempts dentist and nurses from this licensure bill. My fellow RCP's and I, working in homecare are experts in the application, fitting, evaluation, monitoring, compliance, troubleshooting, and follow up, of positive pressure devices used in the treatment of sleep disorders. We receive specific clinical training, and must demonstrate competency through our Respiratory Therapy programs and the National Board for Respiratory Care credentialing. We also receive ongoing training and education throughout our careers to keep abreast of current technology and devices used for, among other conditions, the treatment of sleep disorders. We are responsible for patient compliance and are available in the use of this technology 24 hours a day, 7 days a week, 365 days a year.

Many days, the only patients we work with are those on positive pressure devices. (Also known as Continuous Positive Airway Pressure; CPAP; and BiLevel Positive Airway Pressure; BiPAP) . We provide inservices and education to physicians, nurses, other healthcare providers and the general public, in homes, offices, clinics, hospitals , and nursing homes in the application and proper use of these devices and corresponding interfaces both invasively and noninvasively.With all due respect, RCP's in homecare have substantially more education, training , testing and experience than dentists and nurses throughout the normal course of our related fields. However, SB 63 explicitly exempts dentists and nurses, but not Respiratory Care Practioners.

My personal physician a CPAP user was having difficulty adjusting to the device and needed assistance. Neither his dentist nor his nurse was contacted for help with this device. His RCP however was consulted for assistance and successful management of his care.

I feel that the current language of SB 63 referencing "healthcare providers", Sec13 (g) (8), implies that RCP's , lumped into this general category, have less training and experience than dentists and nurses. I submit that of ANY licensed healthcare professional in Kansas explicitly exempted from this licensure act, it should be RCP's first and foremost.

I request that the committee recommend specific exemption by name of Respiratory Care Practioners in SB 63. If dentists and nurses can be exempted , what is the justification for not including RCP's ?

Respectfully Submitted
Randy Chorice BS RRT CPFT RCP
Area Clinical Manager
Mobile Med Care

Date: February 4, 2009

To: Public Health and Welfare Committee
Kansas Senate
Capitol Building, Room 136 N
Topeka, KS 66612

From: Suzanne Bollig, BHS, RRT, RPSGT, R. EEG T.
1711 Main Street
Hays, KS 67601
785-628-2508 (h)
785-623-7901 (c)

Re: SB 63

Dear Chairman Barnett, Vice-Chair Schmidt, and esteemed members of the Committee,

SB 63 proposes to establish a polysomnography practice act in the State of Kansas and I am encouraged that regulation of the practice may result. The certification of healthcare providers through state licensure provides the means to establish professional standards and regulatory oversight of healthcare professionals. Licensure should serve to protect the consumer through the application of professional, educational and ethical standards of practice. While I support the regulation of the practice of polysomnography, some of the proposed language in SB 63 is problematic and I would respectfully request your consideration for the following amendments.

Education

Polysomnography deserves the same education and practice standards as other allied healthcare professions in Kansas. A requirement of formal education and formal competency testing for polysomnographic technologists is necessary to ensure the safe and effective delivery of sleep-related services.

In the United States in general and in Kansas, there is a lack of formal training programs for polysomnography. The Commission for Accreditation of Allied Health Education Programs (CAAHEP) has approved 40 programs in the US. These 40 programs consist of a combination of stand-alone polysomnography degree programs and add-on certificate programs to existing respiratory therapy or electroneurodiagnostic degree programs. Johnson County Community College in Overland Park, Kansas established an associate degree polysomnography program in 2008, and is currently in the CAAHEP accreditation process. Graduates of formal training programs are eligible to take the registry exam administered by the credentialing body known as the Board of Registered Polysomnographic Technologists (BRPT), or, in the case of respiratory therapists, are eligible to take the BRPT registry exam or the NBRC sleep disorders specialist exam.

- I recommend that licensure be reserved for those polysomnographic technologists and healthcare providers who have demonstrated a commitment to their profession and their patients by passing a nationally recognized competency based credentialing exam.

supervision requirement should be expanded to include the licensed polysomnographic technologist, respiratory therapist, and physician as potential providers of the direct supervision.

SB 63 provides for a temporary license to be issued to the individual that has met all requirements for licensure except examination. SB 63 defines this individual as a 'polysomnographic technician'. I believe the proposal has a very reasonable time limit of one year for completion of testing and full licensure, however I do not believe an individual should be responsible for the supervision of students or other unlicensed personnel until final licensure is obtained.

- I recommend that temporary license and student permit provisions include specific listing of license time limits/expirations, details of necessary levels of supervision, and services covered by these special permits.

Respiratory Therapist Exemption

I appreciate the effort the authors of SB 63 made to include non-exclusionary guidelines for other health care providers. I would point out that the language is almost verbatim from the respiratory therapy licensure statute. Like the respiratory therapy licensure statute, it lists specific exemptions for nurses and dentists among other individuals. The overlap of allied healthcare professions and their respective scope of practice is acknowledged; however, as SB 63 is written for polysomnographic technologists, I believe a specific exemption for respiratory therapists is paramount. Respiratory therapists provide sleep-related services in all care areas from the acute medical care facility, to the testing service, to the homecare environment. In addition, as a sub-specialty of respiratory care, respiratory therapists are eligible to complete the sleep disorders specialist exam, which is an advanced level credential.

- I recommend that SB 63 include a specific exemption for respiratory therapists as was provided for nurses and dentists.

In summary, I believe the primary purpose of licensure is to ensure the safety of the Kansas healthcare consumer. There is less to be concerned about the delivery of sleep-related services from licensed respiratory therapists, nurses, dentists, or BRPT credentialed Registered Polysomnographic Technologists than there is in the delivery of any aspect of sleep-related services by unregulated, non-credentialed, or untrained individuals. SB-63 as written does not sufficiently address the problem of untrained individuals delivering healthcare enough to make it a viable tool for the protection of Kansas citizens. I look forward to the advancement in the healthcare provided to those patients suffering from sleep-related disorders through the careful and thoughtful consideration of regulation of the sleep technology profession.

Respectfully submitted,

Suzanne Bollig, BHS, RRT, RPSGT, R. EEG T.

February 2, 2009

Testimony in Opposition to SB 63
Before the Senate Public Health and Welfare Committee

Dear Chairman Barnett and Members of the Committee:

The Kansas Respiratory Care Council is an advisory committee to the Kansas Board of Healing Arts. It consists of 3 respiratory therapists, 3 public members, and one physician member. We are tasked with advising the Board on standard of care issues related to the practice of respiratory therapy by the 1,700 licensed respiratory therapists in the state of Kansas. The therapist members of the respiratory care council are in support of polysomnography credentialing but oppose SB 63 in its current form.

Respiratory Therapists have been credentialed in Kansas since 1986. Respiratory Therapy was the first allied health profession directed by the Kansas Act on Credentialing to complete the Healthcare Occupation Credentialing program administered by the KDHE. Respiratory Therapists are licensed under the Kansas State Board of Healing Arts.

Sleep testing and the care of patients with obstructive sleep apnea and other sleep disorders has always been a part of the Respiratory Therapy scope of practice, whether in a diagnostic laboratory, a hospital setting or the home care environment. Sleep services is included in our educational curriculum and our national exam matrix.

We oppose SB 63 re: the licensure of polysomnographic technologists for the following reasons:

1. **NO SPECIFIC EXCLUSION FOR RESPIRATORY THERAPISTS:** This bill addresses content in the Respiratory Therapy scope of practice and identifies it as a separate professional entity requiring licensure. Respiratory therapists have performed sleep-related diagnostic and therapeutic services in their daily practice for many years. As written, the bill is potentially exclusionary to licensed respiratory therapists acting within their scope of practice. Due to the significant overlap between Sleep and Respiratory Therapy services, we request a specific exemption for licensed respiratory therapists.

   Recommendation: The bill has a separate exclusion for nursing and dentists, but not for licensed respiratory therapists who are currently practicing. We request a specific line item exemption defined in the statute to prevent any actions placing additional credentialing, examination or licensing requirements for respiratory therapists.

2. **COMPOSITION OF THE "COUNCIL":** SB 63 allows KASP to recommend names to the Kansas Governor for appointment to all 6 council positions, including the physician, consumer, sleep lab director and three polysomnographic technologists.

   Recommendation: We would like to see the appointment process and composition of the polysomnography council consistent with other professions licensed by the Kansas State Board of Healing Arts.

Summary:
In conclusion, we support the regulation of sleep services in Kansas but are opposed to SB 63 in its' current form. We, the therapist members of the respiratory care council, feel the above recommendations need to be met to warrant support of polysomnography licensure. We would further recommend that KASP complete the Healthcare Occupations Credentialing program as mandated under the Kansas Act on Credentialing.

Thank you for the opportunity to address the Public Health and Welfare Committee. We would be glad to provide any additional information as requested.

Sincerely,

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Friday, January 23, 2009

Members of the Kansas Senate:

I fully support the Polysomnography Act.

I agree with KASP that "The Polysomnography Act would require that persons performing sleep testing have a license from the Board of Healing Arts to practice Polysomnography. The act calls for proficiency and education in sleep technology. This is a patient safety and quality of care issue. Every night, technologists make decisions based on what they see on the PSG. This bill protects patients by helping to ensure the quality and quantity of knowledge their caregivers possess. "

Sincerely,

Arlene Garcia

Arlene Garcia, RPSGT

January 23, 2009

A. Albert Barron
304 E. 4th
Cherryvale, Kansas 67335

To the members of the senate,

This is written in support of SB63 (The polysomnography Act for Kansas)
I am a registered respiratory therapist and am pursuing further education in the field of sleep medicine. I would like to tell you why I am in favor of this Bill.

During sleep studies many things are monitored. It is important to have standards set to assure that there are educated and qualified people performing sleep studies. With that accomplished, we achieve patient safety and accurate results. This assures that cardiac arrhythmias are observed, recognized and dealt with in an appropriate manner, seizure activity is recognized, and the threat of under educated technicians possibly causing harm with use of oxygen and CPAP is eliminated.

The standards being elevated and consistent throughout Kansas could save lives. There are other considerations as well with compliance of wearing CPAP for sleep apnea. Under educated technicians that do not take the time to explain what they are doing and what to expect while using CPAP for the first time endanger the potential compliance in using this life saving device by not preparing their patients. This can make patients give up before they even get started with the treatment of sleep apnea.

Victims of sleep apnea not only are in danger of poor health, they have a potential of being non productive individuals that do not work due to lack of proper sleep. People with sleep apnea sometimes do not have the fight or perseverance to use CPAP without the extra measures taken by the sleep technician to make the first impressions introducing CPAP as non threatening as possible. If the tech does not understand the procedure them selves it is not possible to reassure the patient. There have been studies done that prove that taking proper steps to educate the person wearing CPAP adds to the probability that that person will be successful in wearing CPAP.

In raising the bar by requiring licensure of sleep technicians across Kansas can potentially save lives and money. Please consider passing our bill.

Thank you,

A. Andrew Barron RRT

February 2, 2009

Dear Representative/Senator:

As the program director of the Johnson County Community College (JCCC) Polysomnography/Sleep Technology program in Overland Park Kansas and a lifetime resident of Kansas I fully support SB-63, Polysomnography Practice Act.

Johnson County Community College offers an associate of applied science degree in Polysomnography/Sleep technology to serve the growing need for adequately trained polysomnographic technologists in Kansas. Graduates of the program will enter the field as Polysomnographic Technicians and be prepared to sit for the national exam administered by the Board of Registered Polysomnographic Technologists (BRPT) to gain the Registered Polysomnographic Technologist (RPSGT) credential.

The sleep technology Curriculum at JCCC is designed to produce competent entry-level polysomnographic technologists in the cognitive, psychomotor, and affective learning domains. Graduates of our program have a thorough and working knowledge of sleep physiology, sleep study instrumentation, clinical reasoning, and patient relations.

Despite the existence of a comprehensive educational program, the lack of polysomnographic licensure in Kansas allows those who have not demonstrated competencies to work with patients in the field of sleep medicine. This is not only dangerous for patients but also lays a fertile ground for medical litigation.

As evidence based medicine has expanded, the link between sleep and public health has become irrefutable. The beginnings of empirically based sleep research began in the 1950's. Since that time technology has become increasingly complex. The expansion of technology and the advancement of medical science have resulted in the specialization of healthcare professionals. The times of non-healthcare worker on the job training, and even the cross training of health care professionals with little or no background in sleep has ended. The lack of requisite credentialing and licensure in sleep medicine is a disservice to Kansans and an impending harm to their health and wellness.

Your support of this essential piece of legislation is recognized.

Sincerely,

Chad Sanner RPSGT

American Academy of Sleep Medicine

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February 2, 2009

Honorable Jim Barnett, MD
Chair, Senate Public Health and Welfare Committee
Kansas State Capitol
300 SW 10th St.
Topeka, Kansas 66612

Dear Senator Barnett:

The American Academy of Sleep Medicine (AASM), an organization composed of over 8,400 Sleep Medicine practitioners and more than 1,600 accredited sleep facilities, greatly appreciates the opportunity to submit comments to the Committee regarding Senate Bill 63 (SB 63), the Polysomnographic Practice Act. As an organization whose purpose is to set standards and promote excellence in sleep medicine, the AASM applauds the bill's objective to protect, promote and improve the health and well being of all Kansas citizens.

The AASM fully supports SB 63. Mandating that the individuals performing sleep procedures are licensed and meet professional standards will ensure that patients receiving sleep testing and related services are protected and are being provided with the highest standard of care.

The seriousness of sleep disorders is one of great significance and will become even more prevalent as the population continues to get older. One of the most widespread sleep disorders is Obstructive Sleep Apnea (OSA). OSA is a commonly under-diagnosed condition that occurs in 4 percent of men and 2 percent of women. The prevalence increases with age (up to 10 percent in persons 65 and older), as well as with increased weight. Complications of OSA include excessive daytime sleepiness, concentration difficulty, coronary artery disease, and stroke. It is estimated that 10 percent of patients with congestive heart failure (CHF) have OSA. Also, untreated OSA is associated with a ten-fold increased risk of motor vehicle accidents.

The AASM greatly appreciates the opportunity to submit comments on this beneficial proposal. The AASM advances the field of sleep health care by advocating for recognition, diagnosis and treatment of sleep disorders, and educating professionals dedicated to providing optimal sleep health care. Please feel free to contact me if you have any questions or need further information regarding our recommendations. Your consideration is appreciated.

Sincerely,

Mary Susan Esther, MD
President
American Academy of Sleep Medicine

One Westbrook Corporate Center, Suite 920, Westchester, IL 60154
Phone: (708) 492-0930, Fax: (708) 492-0943
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Mid Kansas
Sleep Medicine
A division of Hillside Medical Office, LLC

January 30, 2009

Kansas Senate, Committee on Health and Human Services

I am writing this letter in support of the Kansas Association of Sleep Professional's Polsom Act SB-63. There are three areas the committee should concentrate on when considering Licensing Sleep Technologists; increased patient safety, improved patient outcomes and reducing overall long term health care costs. To reach these goals, all persons working in the field of Sleep Technology must have consistent training, knowledge and competencies, proven by examination. Periodic continuing education is also needed.

Patient safety should be everyone's top priority. Patients seen in a sleep laboratory routinely suffer from a wide spectrum of medical problems, including long periods of apnea (not breathing), abnormal oxygen values, hypertension, and cardiac arrhythmia, which can lead to an increased risk of heart attack, stroke and sudden death. During the day, these same individuals may suffer from profound sleepiness, decreased cognitive function, memory loss and depression. These patients have accident rates much greater than individuals without sleep disorders. It is imperative we have well trained individuals who have a proven knowledge and skill set in order to identify and implement therapy for these patients.

As a physician boarded in sleep medicine, I can testify that the training and skill of the technologist can directly affect the outcomes of our patients. High quality, artifact free polysomnographic recordings, reaching optimal positive airway pressures, high quality patient education and good documentation / communication skills all have direct implications on patient outcomes.

There is an ever increasing amount of documentation showing dramatic reduction in health care costs when untreated obstructive sleep apnea (OSA) patients are compared to diagnosed, compliant OSA patients. OSA patients are by far the greatest population of patients seen in sleep centers. Identifying these individuals has gone beyond identifying individual patients to industrial concerns. For example, organizations like DOT and NTSB have begun legislating the trucking industry and testing for OSA to reduce accidents on the road. Again, this starts with skilled, competent technologists with a proven educational background to achieve these outcomes.

In conclusion, I feel that it is imperative to have professional sleep technologists conducting polysomnographic studies in our Centers. Sleep Technologists should have consistent training state wide. Their knowledge base and skill set should be documented

HUGH I. EKENGREN, M.D. 855 N. Hillside, Wichita, KS 67214
Diplomate of the American Board of Sleep

by a standardized educational and testing system. The Kansas Association of Sleep Professional's Polsom Act SB-63 supplies a comprehensive, well thought out method to achieve the goals of increased patient safety, improved patient outcomes and reduced long term health care costs.

I apologize for not being available to testify on Wednesday, February 4th, 2009. If I can answer questions or further assist the committee please feel free to contact me.

Thank you,

Hugh Ekengren, M.D. DABSM

HUGH I. EKENGREN, M.D. 855 N. Hillside, Wichita, KS 67214
Diplomate of the American Board of Sleep Medicine (316) 685-1381 Fax: (316) 685-1489

CATHOLIC HEALTH INITIATIVES

St. Catherine Hospital

A spirit of innovation, a legacy of care 401 East Spruce Garden City, KS 67846-5679 (620) 272-2222

Dear Committee on Public Health and Welfare,

Hello, my name is Julie Vines and I am writing to you in regards to the Bill that is before your committee -Senate Bill #63. I am the Director of the St. Catherine Hospital Neurodiagnostics and Sleep Disorder Center located in Garden City, Kansas. We are an Accredited Center by the American Academy of Sleep Medicine and have been so since January 2005.

As an Accredited Sleep Center we currently are required to function at a higher standard set forth by the American Academy of Sleep Medicine (AASM) in regards to Registered Polysomnographers (RPSGT) working in our Sleep Center. The AASM standards require our Center to have RPSGT's performing all studies in our center and if a center has Associates performing sleep studies and are not a RPSGT they have until July 2009 to have at least one member on staff performing studies to have taken and passed the RPSGT exam and by 2010 all Associates working in our Center must be either a RPSGT or be enrolled in an ASTEP program. The ASTEP program prepares all Associates that are working in an accredited Sleep Center to obtain the baseline education needed in order to set for the RPSGT exam.

The AASM has set forth these guidelines for one reason and that is to ensure that all accredited Sleep Centers deliver high quality testing for our patient's. The AASM has taken a very proactive approach to developing what they consider to be the "Gold Standard" in sleep medicine and that is to have those individuals with the highest knowledge base perform patient care testing, thus ensuring the patient receives the best possible results.

I am a strong advocate in this system and I believe that we do a disservice to our patient's and our professional community by not requiring all individuals that perform sleep testing not to be held to a higher standard of care and/or licensure if you will; much the same that we currently hold for the nursing profession, respiratory care profession and radiology profession just to name a few. Sleep disorders are serious and in tern require individuals with special training in order to not only recognize the signs and symptoms but also have the knowledge base to know when to treat and how to treat each specialized circumstance.

I also know that the individuals that we treat at our Sleep Center, located here in Southwest Kansas, receive the highest possible testing. This is a great comfort to the community not only in Finney County but to all the surrounding counties in which we serve, to know that we offer a service that used to be one that required our patient's to drive to Wichita or Hays in order to get not only the service but the quality that goes with it. The reason that we are able to provide this quality is very much driven by the standards set forth from the AASM, a testing facility that does not follow these guidelines in my opinion are giving the patient's that they treat a disservice.

I feel that Sleep Testing Centers in the State of Kansas need to be held to higher standards, sleep medicine is not a new phenomena, but a disease process that has been around for years. It takes

highly trained and qualified individuals to recognize and know how to treat these patient's and in turn I feel that also requires those individuals to have their own licensure to ensure these standards are being met.

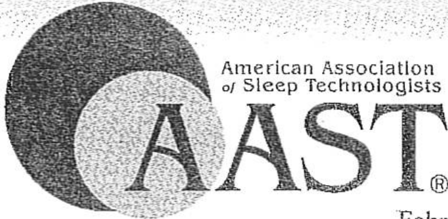
A licensure for RPSGT's will have no negative impact on how the Sleep Center here in Garden City Kansas operates or its ability to perform testing as stated early we are a member of the AASM and thus currently following the higher standards set forth by this Accreditation. The "Gold Standard" has been set forth by the AASM and it is time that the state of Kansas follow suit by ensuring that this "Gold Standard" for sleep testing is followed and that does require Licensure standards for those individuals that work in Sleep Centers.

I very much appreciate the opportunity to express my views on this matter and as the Director of the Neurodiagnostics and Sleep Disorder Center located at St. Catherine Hospital in Southwest Kansas feel very strongly that we need to give those individuals that perform the high quality testing involved in sleep medicine the licensure that should go with it.

Most respectfully,

Julie Vines,
Director Neurodiagnostics and Sleep Disorders Center
Garden City, Kansas.

St. Catherine Hospital
401 E. Spruce Street
Garden City, Kansas 67846
(620) 272-2105



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February 2, 2009

Honorable Jim Barnett, MD
Chair, Senate Public Health and Welfare Committee
Kansas State Capitol
300 SW 10th St.
Topeka, Kansas 66612

Dear Senator Barnett:

The American Association of Sleep Technologists (AAST), a professional organization representing more than 4,500 sleep technologists and related allied health care professionals, greatly appreciates the opportunity to submit comments to the Committee regarding Senate Bill 63 (SB 63), the Polysomnographic Practice Act. As an organization whose purpose is to promote and advance the sleep technology profession, the AAST applauds the bill's objective to protect, promote and improve the health and well being of all Kansas citizens.

The AAST fully supports SB 63. Mandating that the individuals performing sleep procedures are licensed and meet professional standards will ensure that patients receiving sleep testing and related services are protected and are being provided with the highest standard of care.

The seriousness of sleep disorders is one of great significance and will become even more prevalent as the population continues to get older. One of the most widespread sleep disorders is Obstructive Sleep Apnea (OSA). OSA is a commonly under-diagnosed condition that occurs in 4 percent of men and 2 percent of women. The prevalence increases with age (up to 10 percent in persons 65 and older), as well as with increased weight. Complications of OSA include excessive daytime sleepiness, concentration difficulty, coronary artery disease, and stroke. It is estimated that 10 percent of patients with congestive heart failure (CHF) have OSA. Also, untreated OSA is associated with a ten-fold increased risk of motor vehicle accidents.

The AAST greatly appreciates the opportunity to submit comments on this beneficial proposal. The AAST advances the field of sleep technology by providing educational and professional pathways with innovative approaches that promote professional growth and development. Please feel free to contact me if you have any questions or need further information regarding our recommendations. Your consideration is appreciated.

Sincerely,

Jon Atkinson, BS, RPSGT
President
American Association of Sleep Technologists

One Westbrook Corporate Center, Suite 920 • Westchester, IL 60154 • Phone:

Date 1/31/09

20375 W. 151 St.
Olathe, Kansas 66062
T 913 791 428
jtmitchum@gmail.com

To the Senators of the State of Kansas,

As a lifetime resident of the state of Kansas and as a practicing Registered Polysomnographic Sleep Technologist (RPSGT) and electroneurodiagnostic technician at Olathe Medical Center and member of the Kansas Association of Sleep Professionals, I thank the senate and committee for the opportunity to speak about the field of sleep medicine in Kansas. I am here in firm support of the passage of SB63, the Polysomnographic Practice Act, into law.

I have worked in several capacities in sleep, both in private laboratories and hospital settings. In some settings, education and clinical advancement were priorities, while in others I constantly worked to improve available education and gain permission to improve on the job training times and expand curriculum to encourage didactic learning beyond **two weeks**.

A polysomnogram is not a simple procedure in whole. While the patient experience is kept as comfortable as possible, sleep technologists are responsible for a unique skill set and body of knowledge, which combined, enhance the quality and accuracy of testing, improve the quality of observations made for interpreting sleep physicians, and prevent needless harm to the patient by recognizing contraindications for various therapies or evaluating co-morbidity's and patient history to improve the efficacy of the test for each individual patient.

I have managed as many as 25 technologists at a time, training many of them by hand, and I think any sleep lab manager would agree that the best technologists are often the Registered Polysomnographic Technologists (RPSGT). Having worked in private labs, I have attended management meetings where it was debated if it was worth paying more wages for credentialed sleep technologists or if the bottom line would be just as well served by in-house trained employees whose jobs rarely included any medical background.

Until Blue Cross Blue Shield of Kansas City altered its reimbursement of sleep studies to only reimburse fully if the sleep lab was accredited by the American Academy of Sleep Medicine (AASM), many private labs had little interest or motivation to move towards Accreditation and the hiring of credentialed sleep technologists.

If Kansans are to receive proper sleep care, it isn't going to come from quick trained technicians, or crossover training, but from thoroughly educated and trained sleep technologists. Programs for sleep education are available throughout the state through either local accredited education programs (A-Step) as well as online courses. Furthermore, the development of Johnson County Community College program in sleep technology

represents a trend towards even more formalized education and I hope it becomes the template for more area Kansas schools.

There are those that will argue cost and undo burden, but I assure you the standards recommended in this bill are more than possible. At Olathe Medical Center, where I am currently employed, our hospital already hires only sleep technologists with the RPSGT credential for full-time positions, or those technologists who will be registry eligible and intend to take the exam. I would also note we have several sleep technologists who are duel-credentialed in respiratory therapy or nursing. This bill will incur no burden on this hospital in any way as it stands.

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To those hospitals that have cross-trained respiratory care professionals or other staff into their sleep labs, I hope they have done so with thorough vigor. I have cross-trained several respiratory care professionals and I always find a need to re-wire the way they address problems in the sleep lab. These professionals seem trained for acute care and immediate responses. They are honed on the respiratory side of a polysomnogram and often need to be educated in patience so as not to over-respond to the patient's condition.

Furthermore, they have no education in neurology as it applies to sleep, electroencepholographic principles and technologies nor any of the dozens of sleep disorders for which no respiratory ailment is prominent. However, respiratory care professionals have certainly enriched the field with topics often lesser known to on-the-job trained sleep professionals, such as understanding blood gasses and the principles of mechanical ventilation. There is some obvious cross-over in skill sets, but no more than there is between respiratory care and nursing, nursing and sleep professionals or even phlebotomy and nursing.

But the point of the bill, as I have read it, is to recognize sleep medicine in its own right, so that it may be addressed on its own merits and grow in its own directions. Any other field of medicine is in a different mindset, a different brain trust than sleep. The field of sleep medicine expands as evidence based research grows and identifies new areas of interest in the sleeping human.

No other field is going to thoroughly and aggressively look into better diagnostic criteria for narcolepsy, or REM behavior disorder, sundowner's syndrome or idiopathic hypersomnia. What other field is simultaneously interested in innovations in Electroencephologram (EEG) recording and analysis as well as the newest Positive Airway Pressure technology, while also reviewing the latest research linking diabetes to sleep apnea, restless legs syndrome (RLS) and periodic limb movement syndrome (PLMS) as it relates to the misdiagnosis of attention deficit disorders in young adults?

The field of sleep is a unique body of medicine all its own. There is no present oversight that seeks to ensure equality of care in Kansas. While many labs, of their own good volition, have aspired to meet the standards of national bodies, there remains several labs who do not. This is the very reason such legislation is necessary.

It is important to note that this field has not clearly been under the scope of practice of any other field from the onset. Dr. Nathaniel Kleitman is often cited as the father of modern sleep research and received his Ph.D. in physiology at the University of Chicago. It was his research team that first documented Rapid Eye Movement Sleep (REM) in humans and ignited interest in human sleep. I point this out because sleep has its own unique history where it was under no scope of practice. Sleep was not started by the discovery of Obstructive Sleep Apnea (OSA), although that has certainly provided the business model under which sleep has grown.

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Just as when Respiratory felt a distinct and growing body of specialized knowledge beyond what nursing was, sleep continues in that same path. It is also a large field of knowledge, not some esoteric peck of information. Human physiology is considerably different while asleep compared to awake, including hormone levels, neurotransmitter levels, body temperature, metabolism, respiratory patterns, and a list that grows with continuing research in the field.

It is not a pun, there is a night and day difference from how our human physiology is during wakefulness as compared to when we are sleeping. With so many services, procedures and tests oriented to the wakeful patient, only one field of medicine concerns itself with the sleeping patient. That field of medicine should be operated by individuals who have committed themselves to a unique body of knowledge and skill sets, and demonstrated educational interest in polysomnography.

This bill, SB63, will ensure all patients in Kansas are treated by technologists who have met educational requirements recognized by an national organization and proven their worthiness of working in the field by passing a internationally recognized exam. It will do so at no cost to Kansans or organizations and businesses operating sleep laboratories. For the benefit of Kansas, I encourage the passage of this bill.

Thank you for your hard work and consideration of this matter.

Sincerely,

James T. Mitchum, BS, RPSGT