

6/28/2019

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Section A: Applicant Group Information

1. What occupational group is seeking regulation?
 - a. Sleep technologists
2. List all titles currently used by Utah practitioners of this occupation.
 - a. Registered Polysomnographic Technologist (RPSGT)
 - b. Registered Sleep Technologist (RST)
 - c. Clinical Sleep Educator (CCSH)
 - d. Certified Respiratory therapist – Sleep Disorders Specialty (CRT-SDS)
 - e. Registered Respiratory Therapist – Sleep Disorders Specialty (RRT-SDS)
3. Occupational associations
 - a. In Utah
 - i. Utah Sleep Society
 - b. National
 - i. Board of Registered Polysomnographic Technologists (BRPT)
 - ii. American Board of Sleep Medicine (ABSM)
 - iii. American Academy of Sleep Medicine (AASM)
 - iv. The National Board for Respiratory Care (NBRC)
4. Estimated percentage of practitioners who support this request for regulation. No current surveys available in Utah however this is supported by the larger sleep centers at University of Utah and Intermountain Health Care that account for nearly 50% of sleep care provided within Utah
5. Name of applicant group representing the practitioners
 - a. How was the group selected? Applicant group spearheaded by sleep practitioners and technologists at the University of Utah Sleep-Wake Center
6. Yes, all of the groups listed in item 3 are represented in the organization seeking regulation.

Section B: Consumer Group Information

7. Practitioners do deal with a specific consumer populations. The clients are generally individuals with sleep disorder breathing.
 - a. Documentation – This can be found as part of accreditation requirements for sleep laboratories by the American Academy of Sleep Medicine
8. Identify any advocacy groups representing Utah consumers – none so far
9. Identify any consumer populations not using practitioner services who are likely to do so if regulation is approved – multiple sleep labs in the state not being staffed by registered technologists and they will be required to ensure full registration and training for their technologists.
10. Does the applicant group include consumer advocate representation? No
11. Name any non-applicant groups opposed to or with an interest in the proposed regulation.
 - a. RRTs
 - i. Current respiratory licensing allows for the practicing of sleep studies (Polysomnographic testing)

Section C: Sunrise Review Criteria

Part I:

12. What is the nature and severity of the harm to the public?
 - a. The harm includes, the performing of Polysomnographic testing by unlicensed or unregistered technicians or by individuals or professions who are not trained to perform sleep testing. The Polysomnographic testing performed by unregistered technicians is more prone to inaccuracy. This inaccuracy leads to misdiagnosis of Sleep Related Breathing Disorders, which leads to additional costs the patient in the form of paying for therapy that may be unnecessary or ineffective.
13. How likely is it that harm will occur?
 - a. We don't have any research to answer this. Sleep labs are unwilling to disclose the number of botched sleep studies.
 - b. Nothing is being done to avoid risk beyond employing registered technologists to perform sleep studies or to oversee those who do.
14. What provisions of the proposed regulation would preclude consumer injury?
 - a. By licensing and regulating sleep technologists, the state can ensure that its citizens are receiving sleep testing by those with the training and expertise to comprehensively complete the testing.
15. Is there significant public demand for a regulatory standard?
 - a. Currently there is not. This is likely due to the limited knowledge that the public has regarding sleep testing being performed by those without proper training.

Part II:

16. What specific benefits will the public realize if this occupation is regulated?
 - a. It would reduce the public's exposure to risks associated with the practice of sleep testing by untrained and unlicensed individuals.
17. Which consumers of practitioner services are most in need of protection?
 - a. All consumers with sleep disorder breathing or those needing sleep testing stand in need of more protection and would benefit most. Consumers without sleep disorder

breathing or in no need of sleep testing need to be protected less and would benefit least from regulation. However with the current prevalence of sleep problems affecting close to a quarter of the adult population, there is a need to improve quality of care at sleep centers by ensuring appropriate certification of its key personnel that include sleep technologists

18. Provide evidence of net benefit when the following possible effects of regulation are considered:
- a. Restriction of opportunity to practice
 - i. Restriction of opportunity to practice
 - 1. All sleep testing would be performed by trained and registered staff.
 - ii. Restricted supply of practitioners
 - 1. All sleep testing would be performed by trained and registered staff.
 - iii. Increased costs of service to consumer
 - 1. Cost of service should not increase for the consumer. Healthcare costs have many drivers but one of the largest is the government based insurance payers who set prices for services rendered.
 - iv. Increased governmental intervention in the marketplace
 - 1. To help ensure that the public receive the optimal sleep testing and care from trained and licensed professionals.

Part III

19. How many people seek services annually from this occupation?
- a. Over 1600 sleep testing procedures performed at the University of Utah Sleep-Wake Center over the last year. There are many more labs across the state that perform this kind of sleep testing and adding them would significantly increase this number of sleep tests staffed by sleep technologists.
 - b. Regulation of this occupation should not have an effect on this figure.
20. What is the current cost of the service provided?
- a. Medicare pays around \$2000 per polysomnographic testing.
 - b. Millions of dollars are spent on polysomnographic testing each year in the state of Utah.
 - c. Regulation should not affect these costs per reasons listed above in 18.iii
21. Provide a cost analysis supporting regulation of this occupation.
- a. Costs of program administration, including staffing – Sleep laboratories would be required to ensure training and appropriate certification for their technologists
 - b. Costs of developing and/or administering examinations – Sleep laboratories will need to support the cost of credentialing and registration including examination costs
 - c. Costs of effective enforcement programs – These will include the above plus whatever effort is included during credentialing with the AASM
22. Does adoption of the requested regulation represent the most cost-effective form of regulation?
- a. Some kind of technologist certification is required to ensure quality of sleep services offered. Currently this is the most optimal way to do this.

Part IV:

23. Is there a generally accepted core set of knowledge, skills, and abilities without which a practitioner may cause public harm?
 - a. Yes there are. The national occupational boards have established general knowledge and skills that a technologist must be efficient with in order to become registered.
24. What methods are currently used to define the requisite knowledge, skills, and abilities of practitioners?
 - a. AASM A-Step self-study modules
 - b. STAR-designated self-study education program
 - c. CAAHEP or CoARC-accredited polysomnography education program
25. Are the knowledge, skills, and abilities testable?
 - a. Yes – in order to become a RPSGT, all sleep technicians must sit for a national review board and pass their competency examination.
 - b. Yes – the group is sufficiently defined that competence could be evaluated by a standard.
26. List institutions and program titles offering accredited and no accredited preparatory programs in Utah.
 - a. American Academy of Sleep Medicine
 - i. A-STEP: Accredited Sleep Technologist Education Program
 - b. Board of Registered Polysomnographic Technologists
 - i. STAR Program: Sleep Technology Approved Resource
27. Other methods of acquiring requisite knowledge, skill, and ability.
 - a. On-the-job training, i.e. clinical hours, is a part of all pathways to becoming a registered sleep tech, outside of an associate's degree in polysomnographic studies. Currently there is no organization in Utah that offers the associate's degree. So all who are interested in acquiring the requisite knowledge, skill, and ability has to a significant number of clinic hours and complete one of the programs listed in question 26.
28. Estimate the percentage of current practitioners trained by each of the methods described in items 26 and 27.
 - a. All registered technologist have completed both items 26 and 27. Sleep technicians are working on or have completed item 27.
29. Does any examination or other measure currently exist to test for functional competence?
 - a. The BRPT has examinations that must be passed to become certified or registered as a polysomnographic technologist.
 - b. The ABSM has an examination that must be passed to become a registered sleep technologist.
30. If more than one examination is listed above, which standard do you intend to support?
 - a. There are more sleep technologists registered with the BRPT so it would be the exam that we support.

Part V:

31. What similar occupations are or have been regulated in Utah?
 - a. Within their field of scope, many other medical professions have been licensed. For example, respiratory therapist, nursing, etc.

32. Describe functions performed by practitioners that differ from those performed by occupations listed in item 31.
 - a. Specialization in sleep medicine including the acquisition of sleep testing data, scoring and preparation of sleep testing data for sleep specialist providers, and assisting with the sleep clinic workflow.
33. Indicate the relationships among the groups listed in response to question 31 and practitioners.
 - a. Generally, technologists of sleep medicine cannot be consider a branch of a currently regulated occupation. Other currently regulated occupations have created their own training to improve the knowledge of their practitioners (or techs) in sleep medicine. Examples: CRT-SDS and RRT-SDS.
34. What impact will the required regulation have upon the authority and scopes of practice of currently regulated occupations?
 - a. It could limit the scope of some currently regulated occupations if their current scope includes sleep testing.
35. Are there other unregulated occupations performing services similar to those of the group to be regulated?
 - a. None that we are aware of

Part VI

36. Does the occupation have an established code of ethics or a voluntary certification program?
 - a. The national occupational associations, like the BRPT, have codes of ethics for their registered practitioners. However, practitioners who are not licensed or registered with national occupational associations do not have a standard code of ethics.
37. Are there current measures that ensure a minimum quality of service from practitioners?
 - a. Minimum quality of services is based on facility where the practitioners practice. There is wide variation in the minimum quality of services performed at each center.

Part VII

38. Explain why marketplace factors are not sufficient to ensure public Safety.
 - a. There are two main reasons why marketplace factors are insufficient. The first being these are healthcare procedures where insurance payers dictate where their subscribers can have their testing done. The second is that there is a shortage of sleep testing facilities and does not come close to meeting demand which forces people to accept testing wherever they can.
39. Are there other states in which this occupation is regulated?
 - a. Yes
 - i. Delaware
 - ii. Virginia
 - iii. California
 - iv. New York
 - v. Oregon
 - vi. North Carolina
 - vii. Maine
 - viii. New Mexico

- ix. Louisiana
 - x. New Jersey
 - xi. Ohio
 - xii. Tennessee
 - xiii. Idaho
 - xiv. Maryland
 - xv. North Dakota
- b. Appendix of copies of the regulatory provisions from these states.
40. What means, other than governmental regulation, of the occupation have been employed in Utah to protect consumer health and safety. Show why the following would be inadequate.
- a. A code of ethics
 - i. Currently there is no organization to enforce an code of ethics.
 - b. Codes of practice enforced by professional associations
 - i. The Utah Sleep Society is not able to enforce codes of practice at this time.
 - c. Regulation of those who employ or supervise practitioners
 - i. There is not Utah association that would regulate employers. The AASM does by accrediting sleep labs but they only check every 5 years to ensure the sleep lab is operating to their standards.

Section D:

41. Do you propose licensure, certification, registration, or another type of regulation?
- a. We propose licensure. Registered polysomnographic technologist are currently registered at a national level so we believe that licensure would be most effective at the state level.
42. Describe the regulatory process that would administer this proposal focusing on the following areas:
- a. Regulatory board, proposed make-up of the board, qualifications for membership on the board;
 - i. Regulatory board made up of registered polysomnographic technologist, sleep physicians boarded by the American Board of Sleep Medicine (ABSM)
 - b. Examinations;
 - i. None provided by the State. Examination happens at a national level in order to become registered.
 - c. Inspections – based on State’s policies for other licensures such as Respiratory Technologists
 - d. Renewal, revocation, or suspension of the right to practice this occupation or profession – based on State’s policies about revocation of right to practice for other licensures such as Respiratory Technologists.
 - e. Handling of complaints and disciplinary actions to be taken against practitioners; and
 - f. Types and the amounts of fees to be collected. (Include fees for applications, examinations, original licenses, and renewals.)
 - e&f: based on State’s policies other licensures such as Respiratory Technologists
43. What do you propose as minimum standards (education, training, and experience) for entry into this occupation? How accessible is the training and what is the anticipated cost?

- a. Minimum standards should be in alignment of the national accreditation bodies. Which includes: an associate's degree in polysomnographic technology and the passing of the board exam.
44. Do you propose alternate routes of entry into the occupation, or alternate methods of meeting the training, education, and experience requirements? If so, describe.
 - a. 1600 clinic hours, the completion of A-STEP self-study modules, and the passing of the board exam.
45. Do you propose a "grandfather" clause in which current practitioners are exempted from compliance with proposed entry standards? If so, how is that clause justified? What safeguards will be provided for consumers? Will those who are grandfathered be required to meet the prerequisite qualifications at a later date?
 - a. We do not propose a Grandfather clause. All practitioners need to be registered in polysomnographic technology in order to become licensed.
46. Do you propose that renewal be based only upon payment of a fee, or do you propose it require re-examination, continuing education credits, peer review, or other enforcement? Be specific. State whether you propose that renewals be annual, biennial, or otherwise.
 - a. Renewal should be biennial and be based upon a fee and continuing education credits in the amount of 20 total credits or 10 credits per year.
47. If a continuing education requirement is proposed, describe opportunities and costs of continuing education in Utah (or elsewhere if not available in the state).
 - a. 7+ credit hours are available at the annual Utah Sleep Society conference for a price near \$90. Other nationally accredited continuing education credits are available online with prices ranging from free to several 100 dollars.
48. What requirements do you propose for applicants from other states who have met the requirements for licensure or regulation in their former state?
 - a. Payment of the Utah renewal fee and being registered by a national occupational association.
49. How many practitioners are likely to apply initially if the proposed regulation is adopted? How many in each of the next three years?
 - a. Initially 150 to 200
 - b. 20 to 30 each year for the next 3 years
50. Estimate the cost to the state to implement and administer the proposed regulatory program. Include board member travel and per-diem expenses, personnel costs to administer day-to-day functions, costs of materials, testing costs, inspection costs, enforcement costs, and other related costs.
 - a. Costs will be similar to programs as being done for other licensures such as Respiratory Technologists – most of these can be done online.
51. Will all costs of implementation and administration be covered by projected revenues from fee? If not, what other sources of revenue could be used to cover the costs of regulation?
 - a. Centers that employ these sleep technologists will need to include their registration during online accreditation as sleep centers with the State or as AASM-accredited facilities during credentialing with the AASM.

Appendix: Example of State Licensure

HP0195

LD 277 Session - 127th Maine Legislature

LR 354

Item 1

Bill Tracking, Additional Documents Chamber Status

An Act To License Polysomnography

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §12004-A, sub-§33-B is enacted to read:

33-B.

Board of Polysomnography \$35/Day 32 MRSA §3672

Sec. 2. 32 MRSA c. 52 is enacted to read:

CHAPTER 52

POLYSOMNOGRAPHIC TECHNOLOGISTS

§ 3671. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Board. "Board" means the Board of Polysomnography within the Department of Professional and Financial Regulation under section 3672.

2. Department. "Department" means the Department of Professional and Financial Regulation.
3. Direct supervision. "Direct supervision" means supervision by a polysomnographic technologist who is present in the area where a polysomnographic procedure is being performed and who is immediately available to furnish assistance and direction throughout the performance of the procedure.
4. General supervision. "General supervision" means overall direction and control by a licensed physician over the performance of a polysomnographic procedure. The physician's presence is not required during the performance of the procedure.
5. Polysomnographic student. "Polysomnographic student" means a person who is enrolled in a polysomnography educational program that is accredited by a national accrediting agency approved by the board, as provided in section 3674.
6. Polysomnographic technician. "Polysomnographic technician" means a person who has graduated from an approved polysomnography educational program described in section 3674 but has not yet passed a national certifying examination given by an accrediting agency approved by the board or other examination approved by the board.
7. Polysomnographic technologist. "Polysomnographic technologist" means a person who is licensed by the board to engage in the practice of polysomnography under general supervision.
8. Polysomnographic trainee. "Polysomnographic trainee" means a person who is enrolled in a sleep technologist educational program that is accredited by a national accrediting agency approved by the board or by rule of the board.
9. Practice of polysomnography. "Practice of polysomnography" means the performance of any of the following tasks under general supervision in a hospital, stand-alone sleep laboratory or sleep center, or in a patient's home or residence in accordance with a licensed physician's order, except that the scoring of data and the education of patients may take place in other settings in accordance with a physician's order:
 - A. Monitoring and recording physiological data during an evaluation of sleep-related disorders, including sleep-related respiratory disturbances, by applying the following techniques, equipment and procedures:
 - (1) Positive airway pressure titration or acclimation on spontaneously breathing patients using a mask or oral appliance as long as the mask or oral appliance does not extend into the trachea or attach to an artificial airway. Positive airway pressure titration or acclimation may be set up in a patient's home and instruction given on use of the technique in the patient's home;
 - (2) Supplemental low-flow oxygen therapy of no more than 6 liters per minute, using nasal cannula or continuous or bilevel positive airway pressure;
 - (3) Capnography;

(4) Cardiopulmonary resuscitation;

(5) Pulse oximetry;

(6) Esophageal pH monitoring;

(7) Esophageal pressure monitoring;

(8) Sleep staging, including surface electroencephalography, surface electrooculography and submental surface electromyography;

(9) Surface electromyography of arms and legs;

(10) Electrocardiography;

(11) Respiratory effort monitoring, including thoracic and abdominal movement;

(12) Plethysmography blood flow monitoring, including peripheral arterial tone;

(13) Snore monitoring;

(14) Audio or video monitoring;

(15) Body movement monitoring;

(16) Nocturnal penile tumescence monitoring;

(17) Nasal and oral airflow monitoring;

(18) Actigraphy;

(19) Body temperature monitoring; and

(20) Monitoring the effects of a mask or oral appliance used to treat sleep disorders, as long as the mask or oral appliance does not extend into the trachea or attach to an artificial airway;

B. Observing and monitoring physical signs and symptoms, general behavior and general physical response to polysomnographic evaluation and determining whether initiation, modification or discontinuation of a polysomnographic treatment regimen is warranted;

C. Analyzing and scoring data collected pursuant to paragraph A or B for the purpose of assisting a licensed physician in the diagnosis and treatment of sleep disorders or other disorders;

D. Implementing a written or oral order from a licensed physician that requires the practice of polysomnography; and

E. Educating a patient regarding a treatment regimen that assists the patient in improving the patient's sleep.

"Practice of polysomnography" does not include making or directing the making or use of any oral appliance used to treat sleep-disordered breathing or evaluating the structures of the patient's oral and maxillofacial region for purposes of fitting the appliance; these tasks must be performed by a licensed dentist.

10. Sleep-related service. "Sleep-related service" means a task performed by a polysomnographic technician, polysomnographic trainee, polysomnographic student or other person permitted to perform services described in this chapter in a hospital, stand-alone sleep laboratory or sleep center, or in a patient's home or residence or other setting in accordance with a licensed physician's order, that would be considered the practice of polysomnography if performed by a polysomnographic technologist.

§ 3672. Board of Polysomnography

1. Board established; membership; terms. The Board of Polysomnography, as established by Title 5, section 12004-A, subsection 33-B, is within the Department of Professional and Financial Regulation and consists of 7 members appointed by the Governor as follows:

A. Three members must be registered polysomnographic technologists or registered sleep technologists as described in section 3674, subsection 1, paragraph C;

B. One member must be a licensed physician who is certified in sleep medicine by a national certifying body approved by the board;

- C. One member must be the director of a nationally accredited, hospital-based sleep center;
- D. One member must be a respiratory therapist who is also a registered polysomnographic technologist, registered sleep technologist or sleep disorders specialist as described in section 3674, subsection 1, paragraph C; and
- E. One member must be a consumer of polysomnographic services who is not commercially or professionally associated with the health care field.

The Governor may consider for appointment to the board persons recommended by applicable professional organizations. Appointments of members must comply with Title 10, section 8009. In making appointments, the Governor shall strive to ensure that each member of the board is a resident of this State. Appointments are for 4-year terms.

- 2. Officers. The board shall choose annually a chair and a secretary from its members.
- 3. Meetings. The board shall hold at least one regular meeting each year and other meetings as the board determines necessary to conduct its business.
- 4. Quorum. A majority of the members of the board constitutes a quorum. No action of the board is valid unless approved by a majority of members present at a meeting at which there is a quorum.
- 5. Removal. The Governor may remove any member of the board for neglect of duties required by this chapter, for malfeasance in office, for incompetence or for unprofessional conduct.

§ 3673. Powers and duties of the board

The board has the following powers and duties in addition to all other powers and duties otherwise set forth in this chapter.

- 1. Rules. The board shall adopt all rules necessary for the implementation and administration of this chapter. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.
- 2. Applications. The board shall review and approve or reject the application of a person who applies for licensure as a polysomnographic technologist. The board shall develop criteria for the evaluation of applications for licensure submitted by registered polysomnographic technologists who are licensed in other states.
- 3. Renewals. The board shall review and approve or reject an application for license renewal.
- 4. Issuance. The board shall issue all temporary permits and all approved licenses and renewal of licenses. The board shall collect or receive all fees, fines and money owed pursuant to this chapter.

5. Disciplinary actions. The board shall deny, suspend, revoke, restrict or impose one or more conditions on a license as the board determines necessary or appropriate at the time a license is issued, renewed or reinstated or as a sanction imposed at the conclusion of a disciplinary hearing.
6. Advisory private letter rulings. The board shall issue advisory private letter rulings to any person licensed under this chapter who makes a request for a ruling regarding any matter within the board's jurisdiction, as long as the ruling affects only the licensee making the inquiry. Advisory private letter rulings set no precedent for any other contested case or inquiry before the board.
7. Code of ethics. The board shall develop a code of ethics for the practice of polysomnography in this State.
8. Standards. The board shall develop credentialing standards and standards of care for the practice of polysomnography in this State.
9. Education and training. The board shall develop standards for the education and clinical training of polysomnographic technologists, including the evaluation of the accreditation status of educational programs in polysomnography.
10. Continuing education. The board shall develop continuing education requirements that must be met by polysomnographic technologists.

§ 3674. Licensing requirements

A person who is engaged in the practice of polysomnography must be licensed as provided in this chapter. It is unlawful for a person to engage in the practice of polysomnography unless the person has been duly licensed as a polysomnographic technologist under this chapter.

1. Qualifications. A person seeking licensure as a polysomnographic technologist must be of good moral character, be at least 18 years of age, pay the fees established by the board for licensure and present proof that the person:

A. Meets one of the following education requirements:

(1) Has graduated from a polysomnography educational program that is accredited by a national accrediting agency approved by the board;

(2) Has graduated from a respiratory care educational program that is accredited by a national accrediting agency approved by the board and completed a curriculum for a polysomnography certificate established and accredited by a national accrediting agency approved by the board;

(3) Has graduated from a neurodiagnostic technology educational program with a polysomnography track that is accredited by a national accrediting agency approved by the board; and

(4) Has successfully completed an accredited sleep technologist educational program that is accredited by a national accrediting agency approved by the board;

B. Has passed a national certifying examination as established by rule of the board or other examination approved by the board;

C. Is credentialed by a national board of registered polysomnographic technologists as a registered polysomnographic technologist, by a national board of sleep medicine as a registered sleep technologist or by a national board of respiratory care as a sleep disorders specialist or has passed an examination approved by the board. To be eligible for renewal of a license to engage in the practice of polysomnography, a polysomnographic technologist must continue to be credentialed as provided in this paragraph or by an examination approved by the board; and

D. Meets educational or clinical requirements established by the board.

A person who is engaged in the practice of polysomnography on the effective date of this chapter is eligible for licensure under this chapter without meeting the education requirement of paragraph A; the person must still meet the requirements of paragraphs B to D.

§ 3675. Exemptions to licensure; polysomnographic technicians, trainees and students

1. Exempt providers. The following persons may provide sleep-related services without being licensed as a polysomnographic technologist under this chapter.

A. A polysomnographic technician may provide sleep-related services under general supervision for a period of up to one year from the date of the person's graduation from one of the educational programs described in section 3674, subsection 1, paragraph A. The board may in its sole discretion grant a one-time extension of up to 3 months beyond this one-year period.

B. A polysomnographic trainee may provide sleep-related services under direct supervision as a part of the person's educational program while actively enrolled in a nationally accredited sleep technologist educational program.

C. A polysomnographic student may provide sleep-related services under direct supervision as a part of the person's educational program while actively enrolled in a polysomnography educational program that is accredited by rule of the board.

D. A health care practitioner licensed by this State or who holds a nationally recognized credential in a health care profession may engage in the delivery of polysomnographic services for which the practitioner has been formally trained. That training must include supervised preclinical didactic and laboratory activities and supervised clinical activities and must be approved by the board or an accrediting agency recognized by the board. It also must include an evaluation of competence through a standardized testing mechanism that is determined by the board to be both valid and reliable.

2. Polysomnographic technicians. Before providing sleep-related services, a polysomnographic technician shall obtain a temporary permit from the board. While providing sleep-related services, the technician shall wear a badge that appropriately identifies the person as a polysomnographic technician.
3. Polysomnographic trainees. Before providing sleep-related services, a polysomnographic trainee shall give notice to the board that the trainee is enrolled in a sleep technologist educational program pursuant to this chapter. While providing sleep-related services, the trainee shall wear a badge that appropriately identifies the trainee as a polysomnographic trainee.
4. Polysomnographic students. A polysomnographic student may not receive compensation for the sleep-related services the student provides and shall wear a badge that appropriately identifies the student as a polysomnographic student.
5. Other professionals. Except as provided in subsection 1, paragraph D, nothing in this chapter may be construed to limit or restrict a health care practitioner licensed in this State from engaging in the full scope of the practitioner's professional practice. Nothing in this chapter applies to diagnostic electroencephalograms.

§ 3676. Issuance, renewal and voluntary surrender of license; display of license; lost license; change of address or name

1. Issuance; renewal. Licenses expire after 2 years on the date designated by the board and are renewable by the board. Licenses must be issued and renewed by the board pursuant to rules adopted by the board. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.
2. Voluntary surrender. A person who has been issued a license to practice under this chapter who wishes to voluntarily surrender that license must file with the board an affidavit on a form to be furnished by the board stating the date on which the person ceased practicing and other facts as the board determines necessary. A person who has surrendered a license under this chapter who thereafter wishes to reenter practice must request reinstatement of licensure by the board.
3. License information. A license issued by the board must contain the name of the person to whom it is issued, the address of the person, the date and number of the license and other information that the board considers necessary. The address contained on the license must be the address where all correspondence and renewal forms from the board are sent. A person whose address changes shall, within 30 days after the change in address, notify the board of the address change. The most recent address contained in the board's records for each license holder is the address deemed sufficient for purposes of service of process.
4. Display of license. A person issued a license pursuant to this chapter shall either keep the license prominently displayed in the office or place in which the person practices or have it stored in a place from which it can be immediately produced upon request of a patient or representative of the department.

5. Lost license. A person whose license has been lost may make application to the board for a replacement. The application must be accompanied by an affidavit setting out the facts concerning the loss of the license.

6. Name change. A person whose name is changed by marriage or court order may surrender the person's license and apply to the board for a replacement license.

§ 3677. Power of board to impose sanctions

The board may impose any sanctions on a person licensed under this chapter, up to and including license revocation, if the licensee violates any of the provisions of this chapter or of the board's rules.

§ 3678. Violation

A person who engages in the practice of polysomnography in violation of section 3674 is subject to the provisions of Title 10, section 8003-C.

§ 3679. Fees

The Director of the Office of Professional and Occupational Regulation within the Department of Professional and Financial Regulation may establish by rule fees for the purposes authorized under this chapter in amounts that are reasonable and necessary for their respective purposes. Rules adopted pursuant to this section are major substantive rules pursuant to Title 5, chapter 375, subchapter 2-A.

§ 3680. Screening panel for investigative and disciplinary process

The board may use one or more screening panels in its investigative and disciplinary process to determine whether complaints filed and investigations conducted are without merit and to act as a mechanism for resolution of complaints or diversion of cases to professional peer review organizations or impaired professionals' associations as the board, through established guidelines, determines appropriate. The screening panel may administer oaths to witnesses. Members of a screening panel may be drawn from the membership of the board or may be appointed by the board. Panel members who are not board members must meet the requirements for membership on the board, and a screening panel may include a member who is a consumer of polysomnographic services. A board member serving on a panel may not participate as a board member in a contested case involving any matter heard by the panel.

§ 3681. Public annual meeting

The board shall conduct at least one public meeting each year as determined by the board to allow public discussion of new developments in the practice of polysomnography, including, but not limited to, the availability of accredited polysomnography educational programs to persons in all parts of this State, the availability of other certification examinations and credentialing bodies and the settings in which the practice of polysomnography may properly take place. The board shall notify any person or organization that requests to be notified of the time and place of the annual public meeting.

Sec. 3. Staggered terms. Notwithstanding the Maine Revised Statutes, Title 32, section 3672, subsection 1, initial appointments to the Department of Professional and Financial Regulation, Board of Polysomnography must be made as follows: 2 members must be appointed to terms of 4 years, 2 members must be appointed to terms of 3 years, 2 members must be appointed to terms of 2 years and one member must be appointed to a term of one year.

SUMMARY

This bill creates a new license category for the practice of polysomnography and establishes the Board of Polysomnography within the Department of Professional and Financial Regulation.