

**PROFESSIONAL LICENSURE DIVISION[645]**

**Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code section 152B.6 and 2015 Iowa Acts, House File 203, section 11, the Board of Respiratory Care and Polysomnography hereby gives Notice of Intended Action to amend Chapter 261, “Licensure of Respiratory Care Practitioners,” Chapter 262, “Continuing Education for Respiratory Care Practitioners,” Chapter 263, “Discipline for Respiratory Care Practitioners,” and Chapter 265, “Practice of Respiratory Care Practitioners,” Iowa Administrative Code.

These proposed amendments update the Board’s administrative rules pursuant to 2015 Iowa Acts, House File 203, which establishes polysomnography as an independent licensed profession within the Board of Respiratory Care and Polysomnography.

The amendments to Chapter 261 change the title of the chapter to include two new licensure types related to polysomnography, set the requirements for obtaining the new license types as outlined in 2015 Iowa Acts, House File 203, set the requirements for reactivation of an expired license, and rescind rule 645—261.4(152B) regarding supervision of respiratory care students and rule 645—261.6(152B) regarding licensure by endorsement. However, the content of rule 645—261.4(152B) is relocated to Chapter 265, and the content of rule 645—261.6(152B) is incorporated in rule 645—261.2(152B).

The amendments to Chapter 262 change the title of the chapter to include polysomnography, set the required hours for renewal for the two new license types (polysomnographic technologist, respiratory care and polysomnography practitioner), update what is not considered to be independent study when continuing education is obtained through electronic means, and clarify the number of hours earned for completion of a new professional certification or recertification.

The amendments to Chapter 263 change the title of the chapter to include polysomnography and add polysomnographic technologists to the types of practitioners covered by the discipline rules.

The amendments to Chapter 265 change the title of the chapter to include polysomnography, add polysomnography licensees under the ethics rule, add a new rule that defines the practice of polysomnography (the wording is taken directly from 2015 Iowa Acts, House File 203), include polysomnographic and electroneurodiagnostic students within the rule related to supervision of students engaged in a training program, and define where polysomnography services can be performed.

Any interested person may submit written comments on the proposed amendments no later than November 17, 2015, addressed to Tony Alden, Professional Licensure Division, 321 E. 12th Street, Lucas State Office Building, Des Moines, Iowa 50319-0075; e-mail [tony.alden@idph.iowa.gov](mailto:tony.alden@idph.iowa.gov); fax (515)281-3121.

A public hearing will be held on November 17, 2015, from 9 to 9:30 a.m. in the Fifth Floor Conference Room 526, Lucas State Office Building, Des Moines, Iowa, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendments.

Waiver provisions pertaining to these administrative rules are contained in Chapter 18.

After analysis and review of this rule making, no impact on jobs is expected.

These amendments are intended to implement Iowa Code sections 147.10, 147.11, 147.49, 147.55, 152B.2, 152B.3, 152B.4, 152B.5, 152B.6, 152B.11, 272C.2, 272C.3, 272C.4, and 272C.10 and 2015 Iowa Acts, House File 203, sections 7 to 9, 11 and 12 [Iowa Code sections 148G.1, 148G.2, 148G.3, 148G.5, and 148G.6].

The following amendments are proposed.

ITEM 1. Amend **645—Chapter 261**, title, as follows:

LICENSURE OF RESPIRATORY CARE PRACTITIONERS, POLYSOMNOGRAPHIC TECHNOLOGISTS, AND RESPIRATORY CARE AND POLYSOMNOGRAPHY PRACTITIONERS

ITEM 2. Amend rule 645—261.1(152B) as follows:

**645—261.1(148G,152B) Definitions.** For purposes of these rules, the following definitions shall apply:

“*Active license*” means a license that is current and has not expired.

“*Board*” means the board of respiratory care and polysomnography.

“*BRPT*” means the Board of Registered Polysomnographic Technologists.

“*CAAHEP*” means the Commission on Accreditation of Allied Health Education Programs.

“*CoARC*” means the Commission on Accreditation for Respiratory Care.

“*Grace period*” means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay a late fee.

“*Licensee*” means any person licensed to practice as a respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner in the state of Iowa.

“*License expiration date*” means March 31 of even-numbered years.

~~“*Licensure by endorsement*” means the issuance of an Iowa license to practice respiratory care to an applicant who is or has been licensed in another state.~~

“*NBRC*” means the National Board of Respiratory Care.

“*Polysomnographic technologist*” means a person licensed by the board to engage in the practice of polysomnography under the general supervision of a physician or a qualified health care professional prescriber.

“*Reactivate*” or “*reactivation*” means the process as outlined in rule 645—261.14(17A,147,272C) by which an inactive license is restored to active status.

“*Reciprocal license*” means the issuance of an Iowa license to practice as a respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner to an applicant who is currently licensed in another state that has a mutual agreement with the Iowa board of respiratory care and polysomnography to license persons who have the same or similar qualifications to those required in Iowa.

“*Reinstatement*” means the process as outlined in 645—11.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

ITEM 3. Amend rule 645—261.2(152B) as follows:

**645—261.2(148G,152B) Requirements General requirements for licensure.**

**261.2(1)** The following general criteria shall apply to all applications for licensure:

a. The applicant shall complete a board-approved application packet. Application forms may be obtained from the board’s Web site (<http://www.idph.state.ia.us/licensure>) or directly from the board office or may be submitted electronically at <https://IBPLicense.iowa.gov>. ~~All~~ Paper applications shall be sent to Board of Respiratory Care and Polysomnography, Professional Licensure Division, Fifth Floor, Lucas State Office Building, Des Moines, Iowa 50319-0075.

b. to d. No change.

~~e. The applicant has satisfactorily completed the certification or registration examination for respiratory therapists administered by the NBRC~~ The applicant shall submit a release authorizing the background check.

f. No change.

g. An applicant who has been a licensed respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner under the laws of another jurisdiction

shall provide verification of license(s) from every jurisdiction in which the applicant has been licensed. Verification shall be sent directly from the jurisdiction(s) to the board office. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

- (1) Licensee's name;
- (2) Date of initial licensure;
- (3) Current licensure status; and
- (4) All disciplinary action taken against the license.

**261.2(2)** No change.

ITEM 4. Amend rule 645—261.3(152B) as follows:

**645—261.3(152B) ~~Educational qualifications~~ Additional requirements for respiratory care practitioner licensure.** The following are additional specific criteria for licensure as a respiratory care practitioner:

**261.3(1)** The applicant shall have successfully completed a respiratory care education program accredited by, or under a letter of review from, ~~the Commission on Accreditation for Respiratory Care (CoARC)~~ or CAAHEP.

**261.3(2)** No change.

**261.3(3)** The examination required by the board shall be the Therapist Multiple-Choice Examination or the Certified Respiratory Therapist Examination administered by the NBRC. The applicant shall have achieved a score on the examination which meets or exceeds the minimum passing score established by the NBRC.

**261.3(4)** The applicant shall apply directly to the NBRC to attempt the examination.

**261.3(5)** Results of the examination must be received by the board of respiratory care and polysomnography by one of the following methods:

- a. Scores are sent directly from the examination service to the board;
- b. A notarized copy of a certificate showing proof of the successful achievement of the certified respiratory therapist (CRT) or registered respiratory therapist (RRT) credential awarded by the NBRC is submitted to the board; or
- c. A notarized copy of the score report or an electronic Web-based confirmation by the NBRC showing proof of successful completion is submitted to the board.

ITEM 5. Rescind rule 645—261.4(152B) and adopt the following new rule in lieu thereof:

**645—261.4(148G,152B) Additional requirements for polysomnographic technologist licensure.** The following are additional specific criteria for licensure as a polysomnographic technologist:

**261.4(1)** Graduation from a polysomnographic educational program accredited by CAAHEP. A transcript shall be submitted to the board office directly from the college or university; or

**261.4(2)** Graduation from a respiratory care program accredited by CoARC and completion of the sleep add-on program accredited by CoARC. A transcript shall be submitted to the board office directly from the college or university; or

**261.4(3)** Graduation from an electroneurodiagnostic technologist program with a polysomnographic technology track that is accredited by CAAHEP. A transcript shall be submitted to the board office directly from the college or university; or

**261.4(4)** Requirements for current Iowa licensees holding a license in a profession other than polysomnography. An individual who holds an active license under Iowa Code section 147.2 in a profession other than polysomnography and whose license is in good standing with the board for that profession may receive licensure upon verification from the medical director of the individual's current employer or the medical director's designee that the individual has completed on-the-job training in the field of polysomnography and is competent to perform polysomnography.

**261.4(5)** Persons practicing sleep medicine on January 1, 2017.

a. A person who is working in the field of sleep medicine on January 1, 2017, may receive a license to perform polysomnography upon verification of the following:

(1) Verification that the person has completed 500 hours of clinical polysomnographic work experience within the three years immediately prior to January 1, 2017; and

(2) Verification from the medical director of the person's current employer or the medical director's designee that the person is competent to perform polysomnography.

b. A person who is not otherwise eligible to obtain a license pursuant to this subrule shall have until January 1, 2018, to:

(1) Achieve a passing score on the Registered Polysomnographic Technologist Examination administered by the BRPT. The passing score shall be the recommended passing score set by the BRPT; or

(2) Achieve a passing score on the Sleep Disorders Specialist Examination (SDS) administered by the NBRC. The passing score shall be the minimum passing score established by the NBRC.

**261.4(6)** Foreign-trained polysomnographic technologists shall:

a. Provide an equivalency evaluation of their educational credentials by either of the following:

(1) International Educational Research Foundations, Inc., Credentials Evaluation Service, P.O. Box 3665, Culver City, CA 90231-3665, telephone (310)258-9451, Web site [www.ierf.org](http://www.ierf.org) or e-mail at [info@ierf.org](mailto:info@ierf.org); or

(2) International Credentialing Associates, Inc., 7245 Bryan Dairy Road, Bryan Dairy Business Park II, Largo, FL 33777, telephone (727)549-8555.

The professional curriculum must be equivalent to that stated in these rules. A candidate shall bear the expense of the curriculum evaluation.

b. Provide a notarized copy of the certificate or diploma awarded to the applicant from a respiratory care program in the country in which the applicant was educated.

c. Receive a final determination from the board regarding the application for licensure.

ITEM 6. Rescind rule 645—261.5(152B) and adopt the following **new** rule in lieu thereof:

**645—261.5(148G,152B) Requirements for dual licensure.** The following are additional specific criteria for licensure as a respiratory care and polysomnography practitioner. An applicant for licensure as a respiratory care and polysomnography practitioner shall meet the requirements of 261.5(1) and 261.5(2).

**261.5(1)** The applicant shall have successfully completed a respiratory care education program accredited by, or under a letter of review from, CoARC or CAAHEP.

a. Foreign-trained practitioners shall:

(1) Provide an equivalency evaluation of their educational credentials by either of the following:

1. International Educational Research Foundations, Inc., Credentials Evaluation Service, P.O. Box 3665, Culver City, CA 90231-3665, telephone (310)258-9451, Web site [www.ierf.org](http://www.ierf.org) or e-mail at [info@ierf.org](mailto:info@ierf.org); or

2. International Credentialing Associates, Inc., 7245 Bryan Dairy Road, Bryan Dairy Business Park II, Largo, FL 33777, telephone (727)549-8555.

The professional curriculum must be equivalent to that stated in these rules. A candidate shall bear the expense of the curriculum evaluation.

(2) Provide a notarized copy of the certificate or diploma awarded to the applicant from the program in the country in which the applicant was educated.

(3) Receive a final determination from the board regarding the application for licensure.

b. Examination requirements. The examinations required by the board shall be the Therapist Multiple-Choice Examination administered by the NBRC and either the Sleep Disorders Specialist Examination (SDS) administered by the NBRC or the Registered Polysomnographic Technologist Examination administered by the BRPT. The passing score shall be the minimum passing score established by the NBRC or BRPT.

(1) The applicant shall apply directly to the examination service to attempt the examination.

(2) Results of the examinations must be received by the board of respiratory care and polysomnography by one of the following methods:

1. Scores are sent directly from the examination service to the board;
2. A notarized copy of a certificate showing proof of the successful achievement of the certified respiratory therapist (CRT) or registered respiratory therapist (RRT) credential awarded by the NBRC is submitted to the board; or
3. A notarized copy of the score report or an electronic Web-based confirmation by the NBRC showing proof of successful completion of the Therapist Multiple-Choice Examination, State Clinical Examination, or Certified Respiratory Therapist Examination administered by the NBRC is submitted to the board.

**261.5(2)** The applicant must also meet one of the following requirements:

- a. Graduation from a polysomnographic educational program accredited by CAAHEP. A transcript shall be submitted to the board office directly from the college or university; or
- b. Completion of a sleep add-on program accredited by CoARC. A transcript shall be submitted to the board office directly from the college or university; or
- c. Graduation from an electroneurodiagnostic technologist program with a polysomnographic technology track that is accredited by CAAHEP. A transcript shall be submitted to the board office directly from the college or university; or
- d. Hold an active license under Iowa Code section 147.2 in a profession other than polysomnography that is in good standing with the board for that profession and provide verification from the medical director of the applicant's current employer or the medical director's designee that the applicant has completed on-the-job training in the field of polysomnography and is competent to perform polysomnography; or
- e. Persons practicing sleep medicine on January 1, 2017.

(1) A person who is working in the field of sleep medicine on January 1, 2017, may receive a license upon verification of the following:

1. Verification that the person has completed 500 hours of clinical or nonclinical polysomnographic work experience within the three years immediately prior to January 1, 2017, and
2. Verification from the medical director of the person's current employer or the medical director's designee that the person is competent to perform polysomnography.

(2) A person who is not otherwise eligible to obtain a license pursuant to this subrule shall have until January 1, 2018, to achieve a passing score on the Registered Polysomnographic Technologist Examination administered by the BRPT or achieve a passing score on the Sleep Disorders Specialist Examination (SDS) administered by the NBRC. The passing score for the Registered Polysomnographic Technologist Examination shall be the recommended passing score set by the BRPT. The passing score for the SDS shall be the minimum passing score established by the NBRC.

ITEM 7. Rescind and reserve rule **645—261.6(152B)**.

ITEM 8. Amend rule 645—261.8(152B) as follows:

**645—261.8(148G,152B) License renewal.**

**261.8(1)** The biennial license renewal period for a license to practice respiratory care shall begin on April 1 of an even-numbered year and end on March 31 of the next even-numbered year. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice does not relieve the licensee of the responsibility for renewing the license.

**261.8(2)** No change.

**261.8(3)** A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 645—262.2(148G,152B,272C) and the mandatory reporting requirements of subrule 261.8(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

**261.8(4)** and **261.8(5)** No change.

**261.8(6)** A person licensed to practice as a respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner shall keep the person's license certificate and wallet card displayed in a conspicuous public place at the primary site of practice.

**261.8(7)** and **261.8(8)** No change.

ITEM 9. Amend subrule 261.14(4) as follows:

**261.14(4)** Provide verification of current competence to practice ~~respiratory care~~ by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) No change.

(2) Verification of completion of ~~24 hours~~ of continuing education that conforms to standards defined in 645—262.3(148G,152B,272C) within 24 months immediately preceding submission of the application for reactivation.

1. For respiratory care practitioners: 24 hours of continuing education.

2. For polysomnographic technologists: 20 hours of continuing education.

3. For respiratory care and polysomnography practitioners: 30 hours of continuing education of which at least 8 hours but no more than 12 hours shall be on sleep-related topics.

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) No change.

(2) Verification of completion of ~~48 hours~~ of continuing education that conforms to standards defined in 645—262.3(148G,152B,272C) within 24 months immediately preceding submission of the application for reactivation.

1. For respiratory care practitioners: 48 hours of continuing education.

2. For polysomnographic technologists: 40 hours of continuing education.

3. For respiratory care and polysomnography practitioners: 60 hours of continuing education of which at least 16 hours but no more than 24 hours shall be on sleep-related topics.

ITEM 10. Amend rule 645—261.15(17A,147,272C) as follows:

**645—261.15(17A,147,272C) License reinstatement.** A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with 645—11.31(272C) and must apply for and be granted reactivation of the license in accordance with 645—261.14(17A,147,272C) prior to practicing ~~respiratory care~~ in this state.

ITEM 11. Amend **645—Chapter 261**, implementation sentence, as follows:

These rules are intended to implement Iowa Code chapters 17A, 147, 152B and 272C and 2015 Iowa Acts, House File 203, sections 7 to 14 [Iowa Code chapter 148G].

ITEM 12. Amend **645—Chapter 262**, title, as follows:

**CONTINUING EDUCATION FOR RESPIRATORY CARE PRACTITIONERS AND  
POLYSOMNOGRAPHIC TECHNOLOGISTS**

ITEM 13. Amend rule 645—262.1(152B,272C), parenthetical implementation statute, as follows:

**645—262.1(148G,152B,272C) Definitions.**

ITEM 14. Amend rule **645—262.1(152B,272C)**, definitions of “Board” and “Licensee,” as follows:

“*Board*” means the board of respiratory care and polysomnography.

“*Licensee*” means any person licensed to practice as a respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner in the state of Iowa.

ITEM 15. Amend rule 645—262.2(152B,272C) as follows:

**645—262.2(148G,152B,272C) Continuing education requirements.**

**262.2(1)** The biennial continuing education compliance period shall extend for a two-year period beginning on April 1 of each even-numbered year and ending on March 31 of the next even-numbered year. Each biennium, the licensee shall be required to complete ~~a minimum of 24 hours of~~ continuing education that ~~meet~~ meets the requirements specified in rule 645—262.3(148G,152B,272C).

a. For respiratory care practitioner licensees: complete a minimum of 24 hours of continuing education. Fourteen of the 24 hours of continuing education shall be earned by completing a program in which the instructor conducts the class ~~employing in-person or live, real-time interactive media or by employing an archived audio or video presentation which permits the licensee a means to communicate with the presenter in real time~~ by employing an electronic technology that allows for real-time communication between the instructor and licensee.

b. For respiratory care and polysomnography practitioner licensees: complete a minimum of 30 hours of continuing education. Eighteen of the 30 hours of continuing education shall be earned by completing a program in which the instructor conducts the class in person or by employing an electronic technology that allows for real-time communication between the instructor and licensee. At least 8 hours but not more than 12 hours shall be on sleep-related topics.

c. For polysomnographic technologist licensees: complete a minimum of 20 hours of continuing education. Fourteen of the 20 hours of continuing education shall be earned by completing a program in which the instructor conducts the class in person or by employing an electronic technology that allows for real-time communication between the instructor and licensee.

**262.2(2)** Requirements of new licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used. ~~The~~ For each subsequent license renewal, the new licensee will be required to complete a ~~minimum of 24 hours of~~ continuing education per biennium ~~for each subsequent license renewal.~~

**262.2(3) to 262.2(5)** No change.

ITEM 16. Amend rule 645—262.3(152B,272C) as follows:

**645—262.3(148G,152B,272C) Standards.**

**262.3(1)** No change.

**262.3(2)** *Specific criteria.* Continuing education hours of credit may be obtained by:

a. Programs/activities that shall be of a clinical nature related to the practice of respiratory care or polysomnography.

b. and c. No change.

~~d. All courses offered by the American Association of Respiratory Care (AARC) continuing education programs/activities.~~

~~e. Maximums per biennium are as follows:~~

~~(1) No more than ten hours of approved independent study for continuing education requirements in a given continuing education compliance period.~~

~~(2) d.~~ The following are approved for continuing education credit on a one-time basis per biennium and require a certificate of attendance or verification:

CERTIFICATIONS :

Advanced Cardiac Life Support	<del>up to</del> 12 hours
Basic Cardiac Life Support—Instructor	<del>up to</del> 8 hours
Basic Cardiac Life Support	<del>up to</del> 6 hours
Neonatal Resuscitation	<del>up to</del> 9 hours
Pediatric Advanced Life Support	<del>up to</del> 14 hours
Mandatory Reporting	<del>up to</del> 4 hours
Certified Pulmonary Function Technologist	<del>up to</del> 8 hours
Registered Pulmonary Function Technologist	<del>up to</del> 12 hours
Neonatal Pediatric Specialist	<del>up to</del> 12 hours
Sleep Disorders Specialist	<del>up to</del> 12 hours
Adult Critical Care Specialist	<del>up to</del> 12 hours

RECERTIFICATIONS :

Advanced Cardiac Life Support	<del>up to</del> 4 hours
Basic Cardiac Life Support	<del>up to</del> 2 hours
Neonatal Resuscitation	<del>up to</del> 3 hours
Pediatric Advanced Life Support	<del>up to</del> 3 hours
Registered Respiratory Therapist	<del>up to</del> 24 hours
Certified Pulmonary Function Technologist	<del>up to</del> 8 hours
Registered Pulmonary Function Technologist	<del>up to</del> 12 hours
Neonatal Pediatric Specialist	<del>up to</del> 12 hours
Sleep Disorders Specialist	<del>up to</del> 12 hours
Adult Critical Care Specialist	<del>up to</del> 12 hours
Certified Respiratory Therapist	<del>up to</del> 24 hours

*f. e.* Unacceptable subject matter includes marketing, personal development, time management, human relations, collective bargaining and tours.

ITEM 17. Amend rule 645—262.5(152B,272C), parenthetical implementation statute, as follows:

**645—262.5(148G,152B,272C) Automatic exemption.**

ITEM 18. Amend rule 645—262.6(152B,272C), parenthetical implementation statute, as follows:

**645—262.6(148G,152B,272C) Grounds for disciplinary action.**

ITEM 19. Amend rule 645—262.7(152B,272C), parenthetical implementation statute, as follows:

**645—262.7(148G,152B,272C) Continuing education exemption for disability or illness.**

ITEM 20. Amend **645—Chapter 262**, implementation sentence, as follows:

These rules are intended to implement Iowa Code section 272C.2 and chapter 152B and 2015 Iowa Acts, House File 203, sections 7 to 14 [Iowa Code chapter 148G].

ITEM 21. Amend **645—Chapter 263**, title, as follows:  
**DISCIPLINE FOR RESPIRATORY CARE PRACTITIONERS AND POLYSOMNOGRAPHIC TECHNOLOGISTS**

ITEM 22. Amend rule 645—263.1(152B) as follows:

**645—263.1(148G,152B) Definitions.**

“*Board*” means the board of respiratory care and polysomnography.

“*Discipline*” means any sanction the board may impose upon licensees.

“*Licensee*” means a person licensed to practice as a respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner in Iowa.

ITEM 23. Amend rule 645—263.2(152B,272C) as follows:

**645—263.2(148G,152B,272C) Grounds for discipline.** The board may impose any of the disciplinary sanctions provided in rule 645—263.3(147,272C) when the board determines that the licensee is guilty of any of the following acts or offenses:

**263.2(1)** No change.

**263.2(2)** Professional incompetency. Professional incompetency includes, but is not limited to:

a. No change.

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other practitioners or technologists in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care which is ordinarily exercised by the average practitioner or technologist acting in the same or similar circumstances.

d. Failure to conform to the minimal standard of acceptable and prevailing practice of a respiratory care practitioner or polysomnographic technologist in this state.

e. and f. No change.

**263.2(3)** and **263.2(4)** No change.

**263.2(5)** Use of untruthful or improbable statements in advertisements. Use of untruthful or improbable statements in advertisements includes, but is not limited to:

a. and b. No change.

c. Self-laudatory claims that imply that the respiratory care practitioner or polysomnographic technologist is skilled in a field or specialty of practice for which the practitioner or technologist is not qualified.

d. Extravagant claims or proclaiming extraordinary skills not recognized by the respiratory care or polysomnography profession.

**263.2(6)** to **263.2(24)** No change.

**263.2(25)** Representing oneself as a respiratory care practitioner or polysomnographic technologist when one’s license has been suspended or revoked, or when one’s license is on inactive status.

**263.2(26)** to **263.2(30)** No change.

ITEM 24. Amend **645—Chapter 263**, implementation sentence, as follows:

These rules are intended to implement Iowa Code chapters 147, 152B and 272C and 2015 Iowa Acts, House File 203, sections 7 to 14 [Iowa Code chapter 148G].

ITEM 25. Amend **645—Chapter 265**, title, as follows:

**PRACTICE OF RESPIRATORY CARE PRACTITIONERS AND POLYSOMNOGRAPHIC TECHNOLOGISTS**

ITEM 26. Renumber rules **645—265.1(152B,272C)** and **645—265.2(152B,272C)** as **645—265.2(152B,272C)** and **645—265.3(152B,272C)**.

ITEM 27. Adopt the following **new** rule 645—265.1(148G,152B,272C):

**645—265.1(148G,152B,272C) Definitions.**

“*Board*” means the board of respiratory care and polysomnography.

*“Direct supervision”* means that the respiratory care and polysomnography practitioner or the polysomnographic technologist providing supervision must be present where the polysomnographic procedure is being performed and immediately available to furnish assistance and direction throughout the performance of the procedure.

*“General supervision”* means that the polysomnographic procedure is provided under a physician’s or qualified health care professional prescriber’s overall direction and control, but the physician’s or qualified health care professional prescriber’s presence is not required during the performance of the procedure.

*“Physician”* means a person who is currently licensed in Iowa to practice medicine and surgery or osteopathic medicine and surgery and who is board certified and who is actively involved in the sleep medicine center or laboratory.

*“Polysomnographic student”* means a person who is enrolled in a program approved by the board and who may provide sleep-related services under the direct supervision of a respiratory care and polysomnography practitioner or a polysomnographic technologist as part of the person’s education program.

*“Polysomnographic technician”* means a person who has graduated from a program approved by the board, but has not yet received an accepted national credential awarded from an examination program approved by the board and who may provide sleep-related services under the direct supervision of a licensed respiratory care and polysomnography practitioner or a licensed polysomnographic technologist for a period of up to 30 days following graduation while awaiting credentialing examination scheduling and results.

ITEM 28. Amend renumbered rule 645—265.2(152B,272C) as follows:

**645—265.2(148G,152B,272C) Code of ethics.**

**265.2(1)** The respiratory care practitioner or polysomnographic technologist shall practice acceptable methods of treatment and shall not practice beyond the competence or exceed the authority vested in the practitioner or technologist by physicians.

**265.2(2)** The respiratory care practitioner or polysomnographic technologist shall continually strive to increase and improve knowledge and skill and shall render to each patient the full measure of the practitioner’s or technologist’s ability. All services shall be provided with respect for the dignity of the patient, regardless of the patient’s social or economic status or personal attributes or the nature of the patient’s health problems.

**265.2(3)** The respiratory care practitioner or polysomnographic technologist shall be responsible for the competent and efficient performance of assigned duties and shall expose incompetent, illegal or unethical conduct of members of the profession.

**265.2(4)** The respiratory care practitioner or polysomnographic technologist shall hold in confidence all privileged information concerning the patient and refer all inquiries regarding the patient to the patient’s physician.

**265.2(5)** The respiratory care practitioner or polysomnographic technologist shall not accept gratuities and shall guard against conflict of interest.

**265.2(6)** The respiratory care practitioner or polysomnographic technologist shall uphold the dignity and honor of the profession and abide by its ethical principles.

**265.2(7)** The respiratory care practitioner or polysomnographic technologist shall have knowledge of existing state and federal laws governing the practice of respiratory therapy or polysomnography and shall comply with those laws.

**265.2(8)** The respiratory care practitioner or polysomnographic technologist shall cooperate with other health care professionals and participate in activities to promote community, state, and national efforts to meet the health needs of the public.

ITEM 29. Adopt the following new rules 645—265.6(148G,272C) to 645—265.8(148G,272C):

**645—265.6(148G,272C) Practice of polysomnography.**

**265.6(1)** The practice of polysomnography consists of but is not limited to the following tasks as performed for the purpose of polysomnography, under the general supervision of a licensed physician or qualified health care professional prescriber:

*a.* Monitoring, recording, and evaluating physiologic data during polysomnographic testing and review during the evaluation of sleep-related disorders, including sleep-related respiratory disturbances, by applying any of the following techniques, equipment, or procedures:

(1) Noninvasive continuous, bilevel positive airway pressure, or adaptive servo-ventilation titration on spontaneously breathing patients using a mask or oral appliance; provided, however, that the mask or oral appliance does not extend into the trachea or attach to an artificial airway.

(2) Supplemental low-flow oxygen therapy of less than six liters per minute, utilizing a nasal cannula or incorporated into a positive airway pressure device during a polysomnogram.

(3) Capnography during a polysomnogram.

(4) Cardiopulmonary resuscitation.

(5) Pulse oximetry.

(6) Gastroesophageal pH monitoring.

(7) Esophageal pressure monitoring.

(8) Sleep stage recording using surface electroencephalography, surface electrooculography, and surface submental electromyography.

(9) Surface electromyography.

(10) Electrocardiography.

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

(12) Plethysmography blood flow monitoring.

(13) Snore monitoring.

(14) Audio and video monitoring.

(15) Body movement monitoring.

(16) Nocturnal penile tumescence monitoring.

(17) Nasal and oral airflow monitoring.

(18) Body temperature monitoring.

*b.* Monitoring the effects that a mask or oral appliance used to treat sleep disorders has on sleep patterns; provided, however, that the mask or oral appliance shall not extend into the trachea or attach to an artificial airway.

*c.* 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 treatment regimen is warranted.

*d.* Analyzing and scoring data collected during the monitoring described in this subrule for the purpose of assisting a physician in the diagnosis and treatment of sleep and wake disorders that result from developmental defects, the aging process, physical injury, disease, or actual or anticipated somatic dysfunction.

*e.* Implementation of a written or verbal order from a physician or qualified health care professional prescriber to perform polysomnography.

*f.* Education of a patient regarding the treatment regimen that assists the patient in improving the patient's sleep.

*g.* Use of any oral appliance used to treat sleep-disordered breathing while under the care of a licensed polysomnographic technologist during the performance of a sleep study, as directed by a licensed dentist.

**265.6(2)** Before providing any sleep-related services, a polysomnographic technician or polysomnographic student who is obtaining clinical experience shall give notice to the board that the person is working under the direct supervision of a respiratory care and polysomnography practitioner or a polysomnographic technologist in order to gain the experience to be eligible to sit for a national

certification examination. The person shall wear a badge that appropriately identifies the person while providing such services.

**645—265.7(148G,152B,272C) Students.**

**265.7(1)** A student who is enrolled in an approved respiratory care, sleep add-on, polysomnography training program, or electroneurodiagnostic program and is employed in an organized health care system may render services defined in Iowa Code sections 152B.2 and 152B.3 and 2015 Iowa Acts, House File 203, sections 7 to 14 [Iowa Code chapter 148G], under the direct and immediate supervision of a respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner for the duration of the program, but not to exceed the duration of the program.

**265.7(2)** Direct and immediate supervision of a respiratory care or polysomnographic student means that the licensed respiratory care practitioner or polysomnographic technologist shall:

- a. Be continuously on site and present in the department or facility where the student is performing care;
- b. Be immediately available to assist the person being supervised in the care being performed; and
- c. Be responsible for care provided by students.

**645—265.8(148G,272C) Location of polysomnography services.** The practice of polysomnography shall take place only in a facility that is accredited by a nationally recognized sleep medicine laboratory or center accrediting agency, in a facility operated by a hospital or a hospital licensed under Iowa Code chapter 135B, or in a patient's home pursuant to rules adopted by the board; provided, however, that the scoring of data and the education of patients may take place in another setting.

ITEM 30. Amend **645—Chapter 265**, implementation sentence, as follows:

These rules are intended to implement Iowa Code chapters 147, 152B, and 272C and 2015 Iowa Acts, House File 203, sections 7 to 14 [Iowa Code chapter 148G].