

CHAPTER 148G

POLYSOMNOGRAPHY

Referred to in [§147.76](#), [272C.1](#)

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148G.1 Definitions.

As used in [this chapter](#), unless the context otherwise requires:

1. “Board” means the board of respiratory care and polysomnography established in [chapter 147](#).

2. “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.

3. “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.

4. “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.

5. “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 a part of the person’s educational program.

6. “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 thirty days following graduation while awaiting credentialing examination scheduling and results.

7. “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.

8. “Practice of polysomnography” means as described in [section 148G.2](#).

9. “Qualified health care practitioner” means an individual who is licensed under [section 147.2](#), and who holds a credential listed on the board of registered polysomnographic technologists list of accepted allied health credentials.

10. “Qualified health care professional prescriber” means a physician assistant operating under the prescribing authority granted in [section 147.107](#) or an advanced registered nurse practitioner operating under the prescribing authority granted in [section 147.107](#).

11. “Sleep-related services” means acts performed by polysomnographic technicians, polysomnographic students, and other persons permitted to perform those services under [this chapter](#), in a setting described in [this chapter](#) that would be considered the practice of polysomnography if performed by a respiratory care and polysomnography practitioner or a polysomnographic technologist.

2015 Acts, ch 70, §7

148G.2 Practice of polysomnography.

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:

1. 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:

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

b. 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.

c. Capnography during a polysomnogram.

d. Cardiopulmonary resuscitation.

e. Pulse oximetry.

f. Gastroesophageal pH monitoring.

g. Esophageal pressure monitoring.

h. Sleep stage recording using surface electroencephalography, surface electrooculography, and surface submental electromyography.

i. Surface electromyography.

j. Electrocardiography.

k. Respiratory effort monitoring, including thoracic and abdominal movement.

l. Plethysmography blood flow monitoring.

m. Snore monitoring.

n. Audio and video monitoring.

o. Body movement monitoring.

p. Nocturnal penile tumescence monitoring.

q. Nasal and oral airflow monitoring.

r. Body temperature monitoring.

2. 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.

3. 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.

4. Analyzing and scoring data collected during the monitoring described in [this section](#) 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.

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

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

7. 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.

[2015 Acts, ch 70, §8](#)

Referred to in [§148G.1](#)

148G.3 Location of 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 [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.

2015 Acts, ch 70, §9

148G.4 Scope of chapter.

Nothing in [this chapter](#) shall be construed to limit or restrict a health care practitioner licensed in this state from engaging in the full scope of practice of the individual's profession.

2015 Acts, ch 70, §10

148G.5 Rulemaking.

The board shall adopt rules necessary for the implementation and administration of [this chapter](#) and the applicable provisions of chapters [147](#) and [272C](#).

2015 Acts, ch 70, §11

148G.6 Licensing requirements.

1. Beginning January 1, 2017, a person seeking licensure as a respiratory care and polysomnography practitioner or as a polysomnographic technologist shall apply to the board and pay the fees established by the board for the type of license for which the applicant is applying. Beginning with the March 31, 2016, license renewal period, a person licensed as a respiratory care practitioner who seeks a respiratory care and polysomnography practitioner license shall make such application with the application for license renewal and pay the fees established by the board. The fees established by the board for a respiratory care and polysomnography practitioner license shall not exceed one hundred twenty percent of the cost of a respiratory care practitioner license issued pursuant to [chapter 152B](#) or a polysomnographic technologist license issued pursuant to [this section](#). The application for a respiratory care and polysomnography practitioner license must meet the requirements of [this section](#). Upon receipt of an application, the board shall conduct a background check of the applicant. An application for either type of licensure shall show that the applicant is of good moral character and is at least eighteen years of age, and shall include proof that the person has satisfied one of the following educational requirements:

a. Graduation from a polysomnographic educational program that is accredited by the committee on accreditation for polysomnographic technologist education or an equivalent program as determined by the board.

b. Graduation from a respiratory care educational program that is accredited by the commission on accreditation for respiratory care or by a committee on accreditation for the commission on accreditation of allied health education programs, and any of the following:

(1) Completion of the curriculum for a polysomnographic certificate established and accredited by the commission on accreditation of allied health education programs as an extension of the respiratory care program.

(2) Obtaining the sleep disorder specialist credential from the national board for respiratory care.

(3) Obtaining the registered polysomnographic technologist credential from the board of registered polysomnographic technologists.

(4) Completing or obtaining any other certificate or credential program as recognized by the board.

c. Graduation from an electroneurodiagnostic technologist educational program that is accredited by the committee on accreditation for education in electroneurodiagnostic technology or by a committee on accreditation for the commission on accreditation of allied health education programs, and completion of the curriculum for a polysomnographic certificate established and accredited by the commission on accreditation of allied health education programs as an extension of the electroneurodiagnostic educational program or an equivalent program as determined by the board.

2. Notwithstanding [subsection 1](#), beginning January 1, 2017, the board shall issue a license to perform polysomnography to an individual who holds an active license under [section 147.2](#) in a profession other than polysomnography and who is in good standing

with the board for that profession upon application to the board demonstrating any of the following:

a. Successful completion of an educational program in polysomnography approved by the board.

b. Successful completion of an examination in polysomnography approved by the board.

c. 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, along with written verification from the medical director of the individual's current employer or the medical director's designee that the individual is competent to perform polysomnography.

3. Notwithstanding [subsection 1](#), beginning January 1, 2017, a person who is working in the field of sleep medicine on January 1, 2017, may apply to the board for a license to perform polysomnography. The board shall issue a license to the person, without examination, provided the application contains verification that the person has completed five hundred hours of paid clinical or nonclinical polysomnographic work experience within the three years prior to submission of the application. The application shall also contain 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.

4. A person who is working in the field of sleep medicine on January 1, 2017, who is not otherwise eligible to obtain a license pursuant to [this section](#) shall have until January 1, 2018, to achieve a passing score on an examination as designated by the board. The board shall allow the person to attempt the examination and be awarded a license as a polysomnographic technologist by meeting or exceeding the passing point established by the board. After January 1, 2018, only persons licensed as respiratory care and polysomnography practitioners or as polysomnographic technologists pursuant to [this chapter](#), or excepted from the requirements of [this chapter](#) may perform sleep-related services.

5. The fees assessed by the board shall be sufficient to cover all costs associated with the administration of [this chapter](#).

[2015 Acts, ch 70, §12](#)

148G.7 Persons exempt from licensing requirement.

1. The following persons may provide sleep-related services without being licensed as a respiratory care and polysomnography practitioner or as a polysomnographic technologist under [this chapter](#):

a. A qualified health care practitioner 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 six months while gaining the clinical experience necessary to meet the admission requirements for a polysomnographic credentialing examination. The board may grant a one-time extension of up to six months.

b. A polysomnographic student may provide sleep-related services under the direct supervision of a respiratory care and polysomnography practitioner or a polysomnographic technologist as a part of the student's educational program while actively enrolled in a polysomnographic educational program that is accredited by the commission on accreditation of allied health education programs or an equivalent program as determined by the board.

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.

[2015 Acts, ch 70, §13](#)

148G.8 Licensing sanctions.

The board may impose sanctions for violations of [this chapter](#) as provided in chapters [147](#) and [272C](#).

[2015 Acts, ch 70, §14](#)