

Senate Study Bill 3057 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
STATE GOVERNMENT BILL BY
CHAIRPERSON DANIELSON)

A BILL FOR

1 An Act providing for the licensing of polysomnographic
2 technologists, making penalties applicable, and including
3 effective date provisions.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 135.24, subsection 2, paragraph a, Code
2 2014, is amended to read as follows:

3 a. Procedures for registration of health care providers
4 deemed qualified by the board of medicine, the board of
5 physician assistants, the dental board, the board of nursing,
6 the board of chiropractic, the board of psychology, the board
7 of social work, the board of behavioral science, the board
8 of pharmacy, the board of optometry, the board of podiatry,
9 the board of physical and occupational therapy, the board of
10 respiratory care and polysomnography, and the Iowa department
11 of public health, as applicable.

12 Sec. 2. Section 147.1, subsections 3 and 6, Code 2014, are
13 amended to read as follows:

14 3. "*Licensed*" or "*certified*", when applied to a physician
15 and surgeon, podiatric physician, osteopathic physician and
16 surgeon, physician assistant, psychologist, chiropractor,
17 nurse, dentist, dental hygienist, dental assistant,
18 optometrist, speech pathologist, audiologist, pharmacist,
19 physical therapist, physical therapist assistant, occupational
20 therapist, occupational therapy assistant, orthotist,
21 prosthetist, pedorthist, respiratory care practitioner,
22 practitioner of cosmetology arts and sciences, practitioner
23 of barbering, funeral director, dietitian, marital and
24 family therapist, mental health counselor, polysomnographic
25 technologist, social worker, massage therapist, athletic
26 trainer, acupuncturist, nursing home administrator, hearing aid
27 dispenser, or sign language interpreter or transliterator means
28 a person licensed under this subtitle.

29 6. "*Profession*" means medicine and surgery, podiatry,
30 osteopathic medicine and surgery, practice as a physician
31 assistant, psychology, chiropractic, nursing, dentistry,
32 dental hygiene, dental assisting, optometry, speech pathology,
33 audiology, pharmacy, physical therapy, physical therapist
34 assisting, occupational therapy, occupational therapy
35 assisting, respiratory care, cosmetology arts and sciences,

1 barbering, mortuary science, marital and family therapy, mental
2 health counseling, polysomnography, social work, dietetics,
3 massage therapy, athletic training, acupuncture, nursing
4 home administration, hearing aid dispensing, sign language
5 interpreting or transliterating, orthotics, prosthetics, or
6 pedorthics.

7 Sec. 3. Section 147.2, subsection 1, Code 2014, is amended
8 to read as follows:

9 1. A person shall not engage in the practice of medicine
10 and surgery, podiatry, osteopathic medicine and surgery,
11 psychology, chiropractic, physical therapy, physical
12 therapist assisting, nursing, dentistry, dental hygiene,
13 dental assisting, optometry, speech pathology, audiology,
14 occupational therapy, occupational therapy assisting,
15 orthotics, prosthetics, pedorthics, respiratory care,
16 pharmacy, cosmetology arts and sciences, barbering, social
17 work, dietetics, marital and family therapy or mental health
18 counseling, massage therapy, mortuary science, polysomnography,
19 athletic training, acupuncture, nursing home administration,
20 hearing aid dispensing, or sign language interpreting
21 or transliterating, or shall not practice as a physician
22 assistant, unless the person has obtained a license for that
23 purpose from the board for the profession.

24 Sec. 4. Section 147.13, subsection 18, Code 2014, is amended
25 to read as follows:

26 18. For respiratory care and polysomnography, the board of
27 respiratory care and polysomnography.

28 Sec. 5. Section 147.14, subsection 1, paragraph o, Code
29 2014, is amended to read as follows:

30 o. For respiratory care, one licensed physician with
31 training in respiratory care, ~~three~~ two respiratory care
32 practitioners who have practiced respiratory care for a minimum
33 of six years immediately preceding their appointment to the
34 board and who are recommended by the society for respiratory
35 care, one member who is recommended by the Iowa sleep society

1 and is licensed to practice polysomnography, and one member
2 not licensed to practice medicine, osteopathic medicine,
3 polysomnography, or respiratory care who shall represent the
4 general public.

5 Sec. 6. Section 147.74, Code 2014, is amended by adding the
6 following new subsection:

7 NEW SUBSECTION. 22A. A person who is licensed to engage in
8 the practice of polysomnography shall have the right to use the
9 title "polysomnographic technologist" or the letters "P.S.G.T."
10 after the person's name. No other person may use that title
11 or letters or any other words or letters indicating that the
12 person is a polysomnographic technologist.

13 Sec. 7. NEW SECTION. 148G.1 **Definitions.**

14 As used in this chapter, unless the context otherwise
15 requires:

16 1. "*Board*" means the board of respiratory care and
17 polysomnography established in chapter 147.

18 2. "*Direct supervision*" means that the polysomnographic
19 technologist providing supervision must be present where the
20 polysomnographic procedure is being performed and immediately
21 available to furnish assistance and direction throughout the
22 performance of the procedure.

23 3. "*General supervision*" means that the polysomnographic
24 procedure is provided under a physician's or physician
25 assistant's overall direction and control, but the physician's
26 or physician assistant's presence is not required during the
27 performance of the procedure.

28 4. "*Physician*" means a person who is currently licensed in
29 Iowa to practice medicine and surgery or osteopathic medicine
30 and surgery and who is board certified in sleep medicine and
31 who is actively involved in the sleep medicine center or
32 laboratory.

33 5. "*Physician assistant*" means a person licensed as a
34 physician assistant under chapter 148C who performs medical
35 services under the supervision of a physician.

1 6. "*Polysomnographic student*" means a person who is enrolled
2 in a commission on accreditation of allied health education
3 program or an equivalent program accredited by a nationally
4 recognized accrediting agency and who may provide sleep-related
5 services under the direct supervision of a polysomnographic
6 technologist as a part of the person's educational program.

7 7. "*Polysomnographic technician*" means a person who has
8 graduated from a commission on accreditation of allied health
9 education program or equivalent program accredited by a
10 nationally recognized accrediting agency, but has not yet
11 passed an accepted national credentialing examination given by
12 a testing body that is accredited by a nationally recognized
13 accrediting agency, credentialed in one of the health-related
14 fields accepted by the board of registered polysomnographic
15 technologists, may provide sleep-related services under the
16 direct supervision of a licensed polysomnographic technologist
17 for a period of up to thirty days postgraduation while awaiting
18 credentialing examination scheduling and results.

19 8. "*Polysomnographic technologist*" means a person who is
20 credentialed by a nationally recognized accrediting agency
21 and is licensed by the board to engage in the practice of
22 polysomnography under the general supervision of a physician
23 or physician assistant.

24 9. "*Practice of polysomnography*" means as described in
25 section 148G.2.

26 10. "*Qualified health care practitioner*" means an individual
27 licensed as described in section 147.2 who is determined by the
28 board to be qualified to perform polysomnography.

29 11. "*Sleep-related services*" means acts performed by
30 polysomnographic technicians, polysomnographic students, and
31 other persons permitted to perform those services under this
32 chapter, in a setting described in this chapter that would be
33 considered the practice of polysomnography if performed by a
34 polysomnographic technologist.

35 Sec. 8. NEW SECTION. 148G.2 Practice of polysomnography.

1 The practice of polysomnography consists of but is not
2 limited to the following tasks as performed for the purpose of
3 polysomnography, under the general supervision of a licensed
4 physician or physician assistant:

5 1. Monitoring, recording, and evaluating physiologic
6 data during polysomnographic testing and review during the
7 evaluation of sleep-related disorders, including sleep-related
8 respiratory disturbances, by applying any of the following
9 techniques, equipment, or procedures:

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

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

18 c. Capnography during a polysomnogram.

19 d. Cardiopulmonary resuscitation.

20 e. Pulse oximetry.

21 f. Gastroesophageal pH monitoring.

22 g. Esophageal pressure monitoring.

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

26 i. Surface electromyography.

27 j. Electrocardiography.

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

30 l. Plethysmography blood flow monitoring.

31 m. Snore monitoring.

32 n. Audio and video monitoring.

33 o. Body movement monitoring.

34 p. Nocturnal penile tumescence monitoring.

35 q. Nasal and oral airflow monitoring.

1 r. Body temperature monitoring.

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

6 3. Observing and monitoring physical signs and symptoms,
7 general behavior, and general physical response to
8 polysomnographic evaluation and determining whether initiation,
9 modification, or discontinuation of a treatment regimen is
10 warranted.

11 4. Analyzing and scoring data collected during the
12 monitoring described in this section for the purpose of
13 assisting a physician in the diagnosis and treatment of sleep
14 and wake disorders that result from developmental defects,
15 the aging process, physical injury, disease, or actual or
16 anticipated somatic dysfunction.

17 5. Implementation of a written or verbal order from a
18 physician or physician assistant to perform polysomnography.

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

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

25 Sec. 9. NEW SECTION. 148G.3 Location of services.

26 The practice of polysomnography shall take place only in a
27 facility that is accredited by a nationally recognized sleep
28 medicine laboratory or center accrediting agency, in a hospital
29 licensed under chapter 135B, or in a patient's home pursuant to
30 rules adopted by the board; provided, however, that the scoring
31 of data and the education of patients may take place in another
32 setting.

33 Sec. 10. NEW SECTION. 148G.4 Scope of chapter.

34 Nothing in this chapter shall be construed to limit or
35 restrict a health care practitioner licensed in this state from

1 engaging in the full scope of practice of the individual's
2 profession. This chapter shall not apply to licensed
3 respiratory therapists.

4 Sec. 11. NEW SECTION. 148G.5 Rulemaking.

5 The board shall adopt rules necessary for the implementation
6 and administration of this chapter and the applicable
7 provisions of chapters 147 and 272C.

8 Sec. 12. NEW SECTION. 148G.6 Licensing requirements.

9 1. Beginning January 1, 2015, a qualified health care
10 practitioner, as determined by the board by rule, may apply to
11 the board for a license to perform polysomnography. The board
12 shall issue a license to the health care practitioner, without
13 examination, provided the application contains verification
14 that the health care practitioner has completed five hundred
15 hours of paid clinical or nonclinical polysomnographic work
16 experience within the three years prior to submission of the
17 application. The application shall also contain verification
18 from the health care practitioner's supervisor that the health
19 care practitioner is competent to perform polysomnography.
20 An individual licensed to practice polysomnography pursuant
21 to this subsection shall not use the title "polysomnographic
22 technologist" or the letters "P.S.G.T."

23 2. Beginning January 1, 2015, a person seeking licensure
24 as a polysomnographic technologist shall be of good moral
25 character, be at least eighteen years of age, pay the fees
26 established by the board for licensure, and present proof that
27 the person has satisfied one of the following educational
28 requirements:

29 a. Graduation from a polysomnographic educational program
30 that is accredited by the committee on accreditation for
31 polysomnographic technologist education or by a committee
32 on accreditation for the commission on accreditation of
33 allied health education programs, or an equivalent program as
34 determined by the board.

35 b. Graduation from a respiratory care educational program

1 that is accredited by the commission on accreditation
2 for respiratory care or by a committee on accreditation
3 for the commission on accreditation of allied health
4 education programs, and completion of the curriculum for a
5 polysomnographic certificate established and accredited by the
6 commission on accreditation of allied health education programs
7 as an extension of the respiratory care program.

8 *c.* Graduation from an electroneurodiagnostic technologist
9 educational program that is accredited by the committee
10 on accreditation for education in electroneurodiagnostic
11 technology or by a committee on accreditation for the
12 commission on accreditation of allied health education
13 programs, and completion of the curriculum for a
14 polysomnographic certificate established and accredited by the
15 commission on accreditation of allied health education programs
16 as an extension of the electroneurodiagnostic educational
17 program.

18 Sec. 13. NEW SECTION. 148G.7 **Persons exempt from licensing**
19 **requirement.**

20 1. The following persons may provide sleep-related services
21 without being licensed as a polysomnographic technologist under
22 this chapter:

23 *a.* A polysomnographic technician may provide sleep-related
24 services under the general supervision of a physician or
25 physician assistant for a period of up to six months from the
26 date of the technician's graduation from one of the accredited
27 programs described in section 148G.6. The board may in its
28 sole discretion grant a one-time extension of up to three
29 months beyond this one-year period.

30 *b.* A polysomnographic student may provide sleep-related
31 services under the direct supervision of a polysomnographic
32 technologist as a part of the student's educational program
33 while actively enrolled in a polysomnographic educational
34 program that is accredited by the commission on accreditation
35 of allied health education programs or an equivalent program as

1 determined by the board.

2 2. Before providing any sleep-related services, a
3 polysomnographic technician or polysomnographic student who is
4 obtaining clinical experience shall give notice to the board
5 that the person is working under the direct supervision of a
6 polysomnographic technologist in order to gain the experience
7 to be eligible to sit for a national certification examination.
8 The person shall wear a badge that appropriately identifies the
9 person while providing such services.

10 Sec. 14. NEW SECTION. 148G.8 **Licensing sanctions.**

11 The board may impose sanctions for violations of this
12 chapter as provided in chapters 147 and 272C.

13 Sec. 15. Section 152B.1, subsection 1, Code 2014, is amended
14 to read as follows:

15 1. "*Board*" means the board of respiratory care and
16 polysomnography created under chapter 147.

17 Sec. 16. Section 272C.1, subsection 6, paragraph z, Code
18 2014, is amended to read as follows:

19 z. The board of respiratory care and polysomnography in
20 licensing respiratory care practitioners pursuant to chapter
21 152B and polysomnographic technologists pursuant to chapter
22 148G.

23 Sec. 17. INITIAL APPOINTMENT OF POLYSOMNOGRAPHIC
24 TECHNOLOGIST TO BOARD. For the initial appointment of the
25 polysomnographic member to the board of respiratory care and
26 polysomnography pursuant to section 147.14, as amended in this
27 Act, such appointee must be eligible for licensure pursuant to
28 this Act. The appointment shall be effective upon the first
29 expiration of the term of an existing respiratory care board
30 member.

31 Sec. 18. EFFECTIVE DATE. The following provision or
32 provisions of this Act take effect January 1, 2015:

33 1. The section of this Act amending section 147.2,
34 subsection 1.

35

EXPLANATION

1 The inclusion of this explanation does not constitute agreement with
2 the explanation's substance by the members of the general assembly.

3 This bill requires the licensing of polysomnographic
4 technologists beginning January 1, 2015, and makes the
5 provisions of Code chapters 147 and 272C, including penalty
6 and other regulatory provisions, applicable to other health
7 professions applicable to the practice of polysomnography.
8 Code section 147.86 provides that it is a serious misdemeanor
9 to violate a provision of the licensing laws. A serious
10 misdemeanor is punishable by confinement for no more than one
11 year and a fine of at least \$315 but not more than \$1,875. The
12 licensing program is administered and regulated by the board
13 of respiratory care and polysomnography, with one respiratory
14 care practitioner replaced by a person licensed to practice
15 polysomnography.

16 A licensed polysomnographic technologist practices under
17 the general supervision of a licensed physician or physician
18 assistant, providing specifically enumerated services related
19 to sleep disorders. A polysomnographic student enrolled in an
20 approved educational program provides services under the direct
21 supervision of a polysomnographic technologist.

22 The bill sets out educational standards and testing
23 requirements, and provides for disciplinary actions.