

NORTH CAROLINA RESPIRATORY CARE BOARD POSITION STATEMENT ON POLYSOMNOGRAPHY PRACTICE ACT LEGISLATION

The North Carolina Respiratory Care Board (“NCRCB”) is charged with administering the Respiratory Care Practice Act and under the provisions of the statute, with ensuring a minimum standard of competency in the practice of Respiratory Care and protecting the citizens of North Carolina from the unqualified practice of Respiratory Care.

NCRCB has been asked to review and comment on House Bill 819 and Senate Bill 892, companion bills pending in the North Carolina General Assembly that would require persons who engage in Polysomnography to register with the North Carolina Secretary of State. NCRCB has a Sleep Technology Sub-Committee which has been reviewing issues related to Polysomnography and the Practice of Respiratory Care for some time. NCRCB held a special board meeting on May 18, 2009 to discuss a recommendation from the Board’s Sleep Technology Sub-Committee to support House Bill 819 and Senate Bill 892.

The Respiratory Care Practice Act (“the Act”) lists “Sleep related testing” as being within the practice of Respiratory Care, NC General Statute 90-648 (2). However, based on the position statement of the American Association of Sleep Technologists (AAST) and other clinical and professional literature, NCRCB views Polysomnography as a separate and distinct allied health occupation that is focused on the clinical and technical evaluation of a broad range of sleep disorders. Since 2001, NCRCB has recognized in declaratory rulings that Polysomnographic Technology is a distinct profession, entitled to an exemption from the Act under the provisions of NC General Statute 90-664 (1).

NCRCB also recognizes that the field of sleep technology has grown rapidly in North Carolina and the nation in the last 20 years, as evidenced most recently by the record numbers of technologists taking the Board of Registered Polysomnographic Technologists (BRPT) Comprehensive Registry Exam (CRE). As the need for sleep labs and centers has grown, there is an urgent need to hire educated and proficient technologists to meet the growing demand.

Sleep technology has a huge effect on the safety and well being of the public as well as the functioning of the health care system. Many of the patients that are being treated in these sleep labs are very sick individuals. Not only are they at risk for sleep apnea, but they may have heart disease, kidney disease, epilepsy, or diabetes, to name a few. Sleep technologists must be able to recognize the risks that these patients face and the signs and symptoms that may be exhibited during a sleep study. They must recognize lethal arrhythmias, understand the need for oxygen, the danger of too much oxygen, and recognize seizure activity. The AAST has acknowledged the need for a formal educational format for the field and has invested its full resources to developing a standardized curriculum based on the BRPT exam matrix to fill this need. Currently, four programs exist in NC that will begin to fill this need.

Based on information that has come to NCRCB, it appears that many persons providing polysomnography are receiving as little as a few days training before providing this critical service. NCRCB believes that this is a very dangerous practice as the field of sleep involves many parameters that must be monitored, such as, ECG, EEG, oxygen saturation, muscle tone in the legs and chin, and respiratory effort.

NCRCB believes that by establishing a registration requirement for polysomnographic technologists, House Bill 819 and Senate Bill 892 would provide a basis to recognize appropriately trained and credentialed individuals who have completed an accredited polysomnographic educational program and have demonstrated competency in the critical skills that are needed to provide this important service in a safe and effective manner. NCRCB recognizes that the registration approach in these bills falls short of full licensure of Polysomnography, but supports passage of either Senate Bill 892, or House Bill 819, each in the version as introduced on March 26 and March 30 respectively, as an important first step in the regulation of this important and burgeoning field.