

LLR-BOARD OF MEDICAL EXAMINERS

Approved by the Board at its October 31 – November 3, 2004 meeting

Service Area: Respiratory Care Practitioners

Subject: Medical

POLICY: Guidelines for Exemption for the Provision of Artificial Pressure Adjuncts to the Respiratory System (Sleep Medicine Policy)

In accordance with Section 1-23-40 of the 1976 Code of Laws of South Carolina, as amended, notice is hereby given that the State Board of Medical Examiners of South Carolina has adopted the following statement as guidance for physicians practicing under the South Carolina Medical Practice Act and persons practicing respiratory care under the exemption provided in Section 40-47-530(A)(3) of the South Carolina Respiratory Care Practice Act. For purposes of discipline and licensure in matters before the Board, failure to practice in compliance with this statement may lead to discipline as a violation of the Medical Practice Act (40-47-5, et seq.) and Respiratory Care Practice Act (40-47-500, et seq.).

Guidelines for Exemption for the Provision of Artificial Pressure Adjuncts to the Respiratory System

Section 40-47-530(A)(3) of the 1976 Code, as amended, states “As it relates to respiratory care, individuals exempt pursuant to this section must present proof of formal training for these functions which includes an evaluation of competence through a mechanism that is determined by the board and the committee to be both valid and reliable. The clinical assessment of artificial pressure adjuncts to the respiratory system may not be performed by any other person without proof of formal training and exemption by the board.”

Regulation 81-203(3) of the Rules and Regulations of the Board states “Registered Polysomnographic Technologists (RPSGTs) practicing in an accredited sleep medicine facility are exempt from this regulation so long as they practice under physician direction and do not hold themselves out as respiratory care practitioners or practice respiratory care.”

A task force was organized by the Respiratory Care Committee to develop a policy that will provide a mechanism for non-RCPs who are employed in sleep facilities to apply for exemption from the Respiratory Care Practice Act as it relates to the application of positive pressure adjuncts (CPAP/BiPAP) to the airway during sleep data acquisition and/or titration. The task force was asked to give special emphasis on the following topics:

A) Definition of Polysomnographic Trainee, Polysomnographic Technician, and Polysomnographic Technologist.

B) Educational requirements for Polysomnographic Trainee, Polysomnographic Technician, and

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Polysomnographic Technologist.

C) Definition of “direct supervision” for non–RCPs conducting the application of positive pressure adjuncts (CPAP/Bi-level) during sleep data acquisition and/or titration.

D) Deadline for completion of the educational and credentialing requirements for non–RPSGT’s.

E) Definition and responsibilities of Medical Directors.

F) Definition of the term “accredited”.

G) Disposition of other sleep related credentials (REEGT) as it relates to the exemption policy.

H) Disposition of unlicensed health care individuals as it relates to the exemption policy.

National documents were available to assist in developing these guidelines. Those documents include the joint committee position of the American Academy of Sleep Medicine (AASM), Association of Polysomnographic Technologists (APT), Board of Registered Polysomnographic Technologists (BRPT), and the American Society of Electroneurodiagnostic Technologists (ASET) that addresses the minimum skills, education, and competencies of Polysomnographic Technologists and the job descriptions for the three levels of Polysomnographic Technologists. Additionally, a position paper of the APT on “Exemption from existing Respiratory Care Practice Acts” was utilized.

Based upon the recommendations of the task force and the recommendation of the Respiratory Care Committee, the Board adopts the following guidelines regarding exemption for the provision of non-invasive ventilation by non-RCP’s employed in sleep facilities.

A. Definitions.

“Accredited” means accreditation by the JCAHO (Joint Commission for Accreditation of Healthcare Organizations), ASDA (American Sleep Disorders Association), AASM (American Academy of Sleep Medicine), designation as an Independent Diagnostic Testing Facility (IDTF) as assigned by the Centers for Medicare & Medicaid Services (CMS), HCFA (Health Care Facilities Accreditation of the American Osteopathic Association) or other accreditation agencies or successor organizations as recognized by the Committee and Board.

“Direct supervision,” means a licensed RCP or RPSGT physically on-site during the application of PAP during sleep data acquisition and/or titration.

“Medical director” means a physician licensed to practice medicine in South Carolina who has special interest and knowledge in the diagnosis, treatment, and assessment of sleep disorders.

“Polysomnographic Trainee” means an individual who has (1) a high school diploma or GED, (2) six months of direct patient care experience or one year of post-secondary education or current enrollment in an accredited educational program leading to an associate degree “or certificate” with an emphasis in polysomnography, and (3) current certification in cardiopulmonary resuscitation

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(CPR).

“Polysomnographic Technician” means an individual who has (1) successfully completed a polysomnography program associated with a state licensed and/or nationally accredited educational facility or a minimum of six months of experience as a Polysomnographic Trainee with documented proficiency in all required competencies, and (2) current certification in cardiopulmonary resuscitation (CPR).

“Polysomnographic Technologist” means an individual who has (1) successfully completed an accredited educational program leading to an associate degree with an emphasis in polysomnography or successful completion of a polysomnography program associated with a state licensed and/or nationally accredited educational facility or equivalent experience and documented proficiency at all competencies required of a Polysomnographic Technician, and (2) certification by the BRPT as a Registered Polysomnographic Technologist (RPSGT).

B. Deadline for the completion of the educational and credentialing requirements for non-RPSGT. Polysomnographic Technicians who do not hold a RPSGT credential may apply for an exemption if they enroll in and complete a PAP titration course accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Academy of Sleep Medicine (AASM), American Osteopathic Association (AOA) or other nationally or state recognized accrediting bodies. Individuals who do not successfully complete a PAP titration course within the thirty-six (36) month time frame will forfeit their exemption and may no longer do PAP titration.

C. Responsibilities of Medical Directors for sleep facilities.

The medical director is responsible for establishing and maintaining “proof of formal training for these functions which include an evaluation of competence through a mechanism that is determined by the Board to be both valid and reliable.”

The medical director is also responsible for assuring that an annual competency mechanism is established, defined and completed for each exempted individual practicing in the facility.

D. Non-accredited sleep facilities.

Non-accredited sleep facilities must utilize a licensed RCP to conduct the application of positive pressure adjuncts (CPAP/Bi-level) during sleep data acquisition and/or titration.

E. Other sleep related credentials (REEGT).

REEGTs performing PAP titration who do not hold a RPSGT credential must successfully complete a PAP titration course within thirty-six (36) months from applying for an exemption. REEGT’s who do not successfully complete a PAP titration course within the thirty-six (36) month time frame will forfeit their exemption and may no longer do PAP titration.

F. Unlicensed health care individuals

Unlicensed health care individuals (i.e.; CAN, MA, etc.) are not eligible to apply for or receive a PAP titration exemption since they do not meet the licensing or credentialing requirements as outlined in the SC Respiratory Care Practice Act and may not perform PAP titration under any

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circumstances.

G. Effective dates.

This policy shall be effective upon the date of publication in the *State Register*. Within ninety (90) days from the date of publication in the *State Register*, all individuals and sleep facilities seeking exemption shall provide written proof and documentation regarding compliance with these provisions.

The exemption outlined in this policy applies only to individuals employed in sleep facilities during the application of PAP during sleep data acquisition and/or titration. Non-RCP's may not apply positive pressure adjuncts (CPAP/Bi-level) in any other setting without specific individual exemption from the Committee and Board.

Although persons who conduct themselves in accordance with this policy should avoid disciplinary action by the Board of Medical Examiners, such persons may still face civil liability under some circumstances and should, therefore, consult private counsel where doubt exists as to what actions are appropriate.