

**S.C. DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BOARD OF MEDICAL EXAMINERS  
NOTICE**

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. 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 (Section 40-47-5, et seq.) and Respiratory Care Practice Act (Section 40-47-500, et seq.).

**THE SOUTH CAROLINA BOARD OF MEDICAL EXAMINERS POLICY ON GUIDELINES FOR  
PHYSICIAN PRACTICE OF SLEEP MEDICINE**

The following parameters are the result of a cooperative effort by an ad-hoc physicians subcommittee that was asked to develop a policy for guidance to the Board pertaining to physicians practicing sleep medicine. The subcommittee was asked to give a special attention to:

1. Qualifications of Medical Directors for Sleep Facilities
2. Roles and responsibilities for Medical Directors of Sleep Facilities
3. Medical Delegation of Sleep-related Procedures
4. Continuing Medical Education

These parameters were accepted by consensus of the subcommittee in the interest of assuring patient safety in the practice of sleep medicine.

1. Qualifications for Medical Director of Sleep Facilities

Qualified medical directors of sleep laboratories or sleep disorder centers must have a valid medical license in South Carolina.

Medical Directors of Sleep Facilities must be recognized as a Diplomat of the American Board of Sleep Medicine or demonstrate certification of eligibility for the sleep disorders specialty examination administered by the Medical Specialty Boards including:

- The American Board of Internal Medicine
- The American Board of Psychiatry and Neurology
- The American Board of Otolaryngology
- The American Board of Pediatrics
- Other sleep medicine specialty examination providers approved by the Board.

2. Roles and Responsibilities for Medical Directors of Sleep Facilities

Roles and responsibilities for medical director of sleep facilities include:

- Oversight of sleep study scoring and interpretation
- Development and implementation of quality assurance programs
- Presence in all laboratories for which he/she is the Medical Director on a regular basis
- Development and implementation of a mechanism to evaluate the competency and quality of interpretations provided by physicians employed by the laboratory or who read sleep studies performed in the lab. This mechanism will include an appropriate review and co-signature on studies interpreted by physicians not Board Certified or eligible in Sleep Disorders Medicine.

Maintenance of facility accreditation by the American Academy of Sleep Medicine, its successor organization or any other credentialing organization approved by the Board

3. Medical Delegation of Sleep Related Procedures

Medical Directors for sleep laboratories are responsible for assuring compliance with all medical practice requirements as outlined in the Medical Practice Act and any relevant Board policy. Specific references include a review of the definition of Medical Delegation and Board Policy on Exemptions for the Provision of Artificial Pressure Adjuncts to the Respiratory System:

Medical Practice Act Section 40-47-20. Definitions:

(13) A delegated medical act means additional acts delegated by a physician or dentist to a physician assistant, respiratory care practitioner, anesthesiologist's assistant or other practitioner authorized by laws under approved written scope of practice guidelines or approved written protocols as provided by law in accordance with the applicable scope of professional practice. Delegated medical acts must be performed under the supervision of a physician or dentist who must be readily or immediately available for consultation in accordance with the applicable scope of practice.

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."

#### 4. Continuing Medical Education

Professional and Technical staff must participate and document a minimum of 10 hours per year averaged over two years of CME/CEC sleep related educational activities.

#### 5. Summary

This policy applies to all physicians practicing sleep medicine. Although persons who conduct themselves in accordance with this policy should avoid disciplinary action by the BME; 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.

#### 6. References

AASM Standards for Accreditation of Laboratories of Sleep Related Breathing Disorders

AASM Standards for Accreditation of Sleep Disorders Centers

Centers for Medicare and Medicaid (CMS) Medicare Coverage Database – LCD L21830AASM Private

SC Medical Practice Act, as amended 2006

SC Respiratory Care Practice Act

SC Rules and Regulations

Department of Labor, Licensing and Regulation Guidelines for Exemption for the Provision of Artificial Pressure Adjuncts to the Respiratory System

AASM Directory of Private Medical Insurers Compiled July 17, 2006.