

LATE



American Academy of Sleep Medicine

American Association of Sleep Technologists



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February 3, 2009

The Honorable Ryan I. Yamane, Chair
Committee on Health
Hawaii State Legislature
House of Representatives
Room 441
State Capitol
415 Beretania Street
Honolulu, Hawaii 96813

Re: HB 1823 – Legislation pertaining to the Licensure of Respiratory Care Practitioners

Dear Chairman Yamane:

The American Academy of Sleep Medicine (AASM) and the American Association of Sleep Technologists (AAST) are pleased to take this opportunity to submit this letter for the hearing record on HB 1823. We are joined in this submission by the Hawaii Sleep society representing the medical and polysomnographic technologist professionals in Hawaii. The AASM represents over 8,300 Sleep Medicine practitioners and more than 1,600 accredited sleep facilities. The Academy is the leader in setting standards and promoting excellence in sleep medicine health care, education and research. The AAST is the premier allied health membership association of professionals dedicated to improving the quality of sleep and wakefulness in all people, with a membership of more than 4200 sleep technologists.

For all of the good intentions behind the idea of establishing licensure standards in Hawaii for respiratory care therapists, the proposal before the Committee carries unintended problems and it should not be supported. The proposal would have the effect of placing all of the polysomnographic technologists, commonly referred to as sleep technologists, in Hawaii out of work, and it would have the further effect of creating an access to care problem in the state for patients in need of sleep related care.

- This alarming situation would occur under the proposed legislation as a significant aspect of care provided by sleep technologists would be usurped by the provision under the definition of “respiratory care services” at subsection (16) specifying that “sleep diagnostic studies” are within this definition.
- Under the proposed exceptions language in Section 10(b), the thirty-one Registered Polysomnographic Technologists (RPSGT) in Hawaii and the four Hawaiians presently on the pathway to registration could find themselves deemed in violation of the law as they practice their profession (as do respiratory care practitioners in Hawaii) without state licensure. The exception authorized by Section 10(b) is only applicable to “other appropriately licensed persons.”
- While our sleep technologists who have earned the RPSGT credential possibly could continue their profession under the exception proposed in Section 10(c), as they have passed an examination that should be recognized and that serves as the basis for licensure in other jurisdictions, that recognition has to come from the proposed Board of Respiratory Care and there is no assurance that the Board would be inclined to grant the required approval.

Sleep technologists and respiratory care practitioners have very different scopes of practice. Just as a sleep technologist does not have the knowledge or skills to perform all of the various duties of a respiratory therapist, an individual solely credentialed as a respiratory therapist does not have the expertise to prepare a patient for and administer sleep diagnostic studies. This is evident from the educational requirements set forth by the Board of Registered Polysomnographic Technologists (BRPT), <http://www.brpt.org/>, the entity that has tested over 13,000 sleep professionals in the process of conferring the RPSGT credential. The BRPT also allows qualified respiratory therapists, those who have completed an additional six months of education in polysomnography, to sit for the BRPT examination. Respiratory therapists who choose not to participate in the six-month added education program receive very limited to no polysomnographic training in their respiratory care curriculum. This position is supported by the fact that the national certifying organization for respiratory care therapists offers a sleep disorders specialty examination and a corresponding credential, Sleep Disorders Specialist, for already certified or registered respiratory therapists. Information on this newly established respiratory care specialist is found at this link from the American Association for Respiratory Care: <https://www.nbrc.org/Examinations/SDS/tabid/92/Default.aspx>.

Sleep technologists practice a unique profession. They routinely use technology and skills that include: electroencephalography, used to monitor brain activity and neurological sleep-stage; electro-oculography, used to monitor subtle eye movements important in determining neurologic sleep stage; and electromyography to monitor muscle activity during sleep.

An effective sleep technologist must understand the appropriate electronic and physiological applications of these and other technologies, and he or she must have the education to know how to effectively interpret and safely use them. This is a unique skill set used in the course of sleep diagnostic studies, and these skills are not easily mastered. A technologist must also be knowledgeable on an extensive range of sleep disorders in

order to facilitate appropriate testing protocols that serve as the building blocks for our physician colleagues in establishing an appropriate patient treatment modality. The technologist needs to have an advanced understanding of seizures, pharmacological implications on sleep and the brain, and age and gender differences that occur in sleep.

The autonomy of the profession of Sleep Technology is confirmed by the specific knowledge and skill-sets that can only be attained by polysomnography-specific training and credentialing. A respiratory care therapist who has not passed the BRPT examination or who has not completed the six months of added education and passed the examination to earn the SDS credential does not have the skill set that effective sleep care demands.

To get a better understanding of the sleep technologist profession, information is available on the AAST web site at <http://www.aastweb.org/pdf/JobDescriptions.pdf> that provides detailed descriptions of the responsibilities for a Polysomnographic Trainee, a Polysomnographic Technician, and a Polysomnographic Technologist.

We also have to take exception with the potential broad grant of authority that the proposed Board could exercise pursuant to Section 10(a)(6). Under this Section, the proposed Board would have no checks in what it might determine to be “advances in the art and techniques of respiratory care” that could be “learned through formal or special training acceptable to the board.” This is the type of potential blank check that should not be included in licensure legislation.

Finally, we have to question whether this legislation is necessary given the reality of experiences in Hawaii given that: neither the respiratory care nor the sleep technologist profession has been subject to licensure; there has been no documentation identifying a clear need for licensure; and both professions work pursuant to physician direction. This proposed new licensure requirement for respiratory therapists surely will add expenses that ultimately will be borne by patients (the state’s Auditor has yet to even initiate the analysis required by Section 26H-6 of the Hawaii Revised Statutes), and the proposed legislation before the Committee will create substantial hardships for our members and our patients.

We appreciate being able to provide this information for the Committee, and the Hawaii Sleep Society hopes to have the opportunity to provide testimony at future hearings on this matter. The following is the contact information for the leadership of the Hawaii Sleep Society for further notice and to respond to your questions:

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In addition, an AASM contact person is Bruce Blehart (BBlehart@aasmnet.org), and an AAST contact person is Christopher Waring (CWaring@aastweb.org).

Sincerely,

/S/

Mary Susan Esther, MD
President,
American Academy of Sleep Medicine

/S/

Jon Atkinson, BS, RPSGT
President,
American Association of Sleep Technologists

cc: Danilo Ablan, MD
Carol Yoshimura, RPSGT

TESTIMONY IN SUPPORT OF HB 1823

Relating to Respiratory Care

Tuesday, February 3, 2009 @ 8:30 a.m.

House Committee on Health

Conference Room 329

LATE TESTIMONY

February 2, 2009

To: House Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice-chair

By: Delmar J. Bayang, RRT
Registered Respiratory Therapist

Re: HB 1823 RELATING TO RESPIRATORY CARE

Aloha Honorable Chair and Committee Members:

I am a supporter of HB1823. This ruling will license and regulate practicing Respiratory Therapists that will help protect our respiratory patients in the State of Hawaii.

- Hawaii and Alaska are the only 2 states that do not require licensing. The danger of hiring Respiratory Therapists who have been disciplined in other states or fired from other jobs within the state are still able to practice, especially here. Thus, putting our loved ones in danger of either under-qualified or unfit Respiratory Therapist.
- Hawaii's population is aging faster than the rest of the country. Quality of care, safety, and service is all at risk. The demands for well-qualified and "better" workforce of Respiratory Therapists are needed.
- Our profession involves ever changing new modalities while understanding the respiratory system; because of technological advancements in the treatment of respiratory disorders.

I have been a Respiratory Therapist for 4 years, graduating from a well-credentialed Respiratory Program at Kapiolani Community College. My experiences from giving the first breath of life to a newborn, helping a respiratory distressed asthmatic child with a breathing treatment, or the first medical responder to an emergency in the hospital, have only developed to a passion that I love doing to this day. I have previously worked from a business/retail background before getting into medicine, and learned that our consumers always came "first". As a very passionate patient advocate and working health care provider, I am asking this committee to strongly consider protecting our residents and patients abroad in the State of Hawaii by supporting HB1823.

nishimoto2-Bryce

From: starion [copd.hawaii@yahoo.com]
Sent: Monday, February 02, 2009 9:15 PM
To: HLTtestimony
Subject: Testimony in SUPPORT of HB 1823--RE Licensing Respiratory Therapists

Dear Honorable Chair Yamane, Vice Chair Nishimoto and members of the Health Committee,

My name is Valerie Chang. I am Executive Director of the Hawaii COPD Coalition. Our organization provides services and support to Hawaii's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD.

Respiratory Therapists are a very important of the healthcare team for COPD patients and their loved ones. They help the patients get their medication, keep their lungs clear, and learn to manage their breathing conditions. As has been noted, only Hawaii and Alaska lack certification for respiratory therapists. Have a certification process in place and certifying the respiratory therapists will help to insure that all of our therapists meet appropriate standards and are providing quality care to our many people in Hawaii who need respiratory care.

My husband, children, and I have asthma and additionally, I have severe emphysema. We have all used the services of respiratory therapists to test how well our lungs are working. I have also been fortunate enough to have a respiratory therapist in Colorado help me develop a personalized exercise program which is safe and appropriate for my lung condition. Respiratory nurses and respiratory therapists have also provided me with education on how to live actively with asthma and emphysema.

I have also enjoyed working with many respiratory therapists with our Hawaii COPD Coalition where we have:

- (1) Free breathing testing at Longs Drugs;
- (2) Free support groups (run by two respiratory therapists); and
- (3) Free annual education day.

I strongly SUPPORT the prompt passage of legislation to establish licensing and regulatory requirements for practice of respiratory care and to create a board for respiratory care, as written in HB 1823. I apologize that this testimony is late but I was out of town and only returned this afternoon. Please do not hesitate to contact me if I can provide any additional information.

Aloha,
Valerie Chang, JD
Executive Director
Hawaii COPD Coalition
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[Make 3 Copies]

Tuesday, February 3 2009
Conference Room 329
8:30am

The House Committee on Health

To: The Honorable Representative Ryan I. Yamane, Chair and
The Honorable Representative Scott Y. Nishimoto, Vice Chair

From: Jackie Scotka, RN -Manager, Respiratory Care
Kapi'olani Medical Center at Pali Momi

**RE: Testimony in Strong Support of HB 1823
Relating to Respiratory Care Licensing**

My name is Jackie Scotka, Manager of Respiratory Care at Kapi'olani Medical Center at Pali Momi. The Kapi'olani Medical Center at Pali Momi is an affiliate of Hawaii Pacific Health (HPH), which is the four-hospital system of Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital, and Wilcox Hospital/Kauai Medical Clinic.

As a respiratory care practitioner for more than 28 years, I am writing in **strong support of HB 1823** which would establish licensing and regulatory requirements for the practice of respiratory care. Respiratory care is a growing and specialized field within healthcare and deals with the most essential function of the human body: the managing of a patient's breathing function. The practice of respiratory care is critical to the survival of patients across a broad range of medical care settings and largely determines a patient's survival and recovery rate.

Given the critical role respiratory therapists have in the delivery of saving a patient's life, it is essential that these practices are regulated and licensed to ensure that only the most qualified individuals are providing this level of care. Therefore, defining a scope of practice and setting standards of care will provide accountability to patients and the public and ensure patient safety. Since scope of practice for respiratory care practitioners (RCP) has expanded to include more invasive interventions and advanced technology, it is vital to maintain practitioner competence and ensure public safety in any setting. This need for licensing and regulation is a particular necessity given the high rate of adoption and introduction of new respiratory technologies (e.g. ventilators for life support), a person that is not an expert or lacks specialized training in the use of these machines could result in unnecessary complications or worse, death.

Because of the risks involved in this area of healthcare, I ask that you pass HB 1823 from this committee. Thank you for the opportunity to testify.