

March 9, 2010

The Honorable Ryan I. Yamanae Chair, Committee on Health Hawaii State Legislature Hawaii State Capitol, Room 419 415 South Beretania Street Honolulu, HI 96813

Dear Chairman Yamanae:

The Board of Registered Polysomnographic Technologists (BRPT) is an independent, non-profit certification board that seeks to cultivate the highest professional and ethical standards for polysomnographic technologists by providing an internationally recognized credential.

Established in 1978 to benefit the developing field of polysomnographic technology and set credentialing standards for technologists, the BRPT seeks to build and enhance public trust by ensuring that Registered Polysomnographic Technologists hold the highest level of core knowledge, skills, abilities and attributes. To this end, the BRPT develops, maintains and administers the RPSGT<sup>™</sup> exam and establishes the BRPT Standards of Conduct for credentialed technologists. There are presently 36 RPSGTs in the state of Hawaii.

The BRPT's credentialing program has grown from eight technologists certified by the first RPSGT<sup>™</sup> administration in 1979 to more than 15,000 Registered Polysomnographic Technologists today. These credentialed technologists have made a commitment to professionalism, competence and ethics by meeting the BRPT standards for certification.

The BRPT is a member of the Institute for Credentialing Excellence (ICE) and is accredited by the National Commission for Certifying Agencies (NCCA), the accreditation body of ICE.

We would like to address our remarks to SB 2600, specifically § 7 (2) which reads as follows:

(2) A person working as a sleep technologist whose scope of work may include, but is not limited to, and who has passed an examination for, set-up, titration, and monitoring of continuous positive airway pressure or bi-level positive airway pressure for diagnostic purposes;

While we are supportive of a provision intended to provide a limited exemption to the Act for sleep technologists, we would like to bring to your attention what we perceive as shortcomings of the above language. Firstly, although the language mentions an examination that must be passed, there are no requirements for the type of examination, other than specifying its scope. We believe that it is important to specify that the examination be one that is nationally accredited, and would suggest that the Director of Commerce and Consumer Affairs have authority to approve or disapprove the examination(s) for the purposes of this exemption.



-2- The Honorable Ryan I. Yamanae

Secondly, we would like to point out that the "set-up, titration, and monitoring of continuous positive airway pressure or bi-level positive airway pressure" are performed for therapeutic rather than diagnostic purposes. Finally, the language does not address the use by sleep technologists of supplemental oxygen which may be used in conjunction with continuous positive airway pressure or bi-level positive airway pressure during therapeutic intervention for sleep related breathing disorders.

We suggest amending the bill by replacing the current language in § 7 (2) with the following language:

(2) A person employed in a sleep disorders center or laboratory from providing diagnostic and therapeutic care for the evaluation and treatment of sleep disorders, including the use of therapeutic modalities for sleep disordered breathing, provided that the person has passed a nationally accredited certification exam, as recommended by the advisory committee and as approved by the Director, that includes coverage of these topics.

We appreciate the opportunity to comment on the provisions of SB 2600. Please do not hesitate to contact us if you require further information.

Very truly yours,

Janice East

Janice East, RPSGT, R. EEG T. President

March 9, 2010

and .

LATE

Representative Ryan I. Yamane Chair, House Committee on Health Hawaii State Capitol, Room 419 415 South Beretania Street Honolulu, HI 96813

Dear Representative Yamane:

My name is Carol Yoshimura and I am a Polysomnographic (sleep) Technologist employed at Kuakini Medical Center Pulmonary Sleep Disorders Center with 16 years of experience. I am pleased to submit comments on Senate Bill 2600 S. D. 2, which would establish licensure for respiratory therapists. I am submitting written testimony to express my concern regarding the added ambiguous exemption language for sleep technologists in SB2600 S. D. 2 Section 7 (2) and what I believe could be significant repercussions if this legislation is passed without change to such exemption language.

SD 2600 S.D. 2, Section 7 (2) states that a person working as a sleep technologist is exempted from this bill if he/she "has passed an examination for set-up, titration, and monitoring of continuous positive airway pressure, bi-level positive airway pressure for diagnostic purposes.". There are issues with this language:

1. The ambiguity associated with the term "examination" may result in a large number and variety of un-validated examinations [not approved by the BRPT and the American Association of Sleep Technologists (AAST)] being used by local sleep testing facilities to ensure compliance with this requirement.

The current nationally (and internationally) recognized certification examinations for Polysomnographic Technologists and Polysomnographic Technicians are administered by the Board of Registered Polysomnographic Technologists (BRPT). Sleep Technologists and Sleep Technicians who have passed the BRPT examinations are credentialed sleep professionals who have demonstrated a high degree of core knowledge, skills, abilities and attributes in Polysomnographic Technology. Current credentials awarded by the BRPT are: Registered Polysomnographic Technologist (RPSGT) and Certified Polysomnographic Technician (CPSGT). (www.brpt.org)

Should it be necessary to include taking and passing an "examination" as a requirement to demonstrate competency in this area, the BRPT and the AAST should be consulted regarding the examination's specific name, content and format.

2. The present exemption language may unintentionally encroach and negatively impact the scope of practice of Polysomnographic Technologists and Polysomnographic Technicians (available on <u>www.aastweb.org</u>) here in Hawaii by non-inclusion of those who are intraining and/or studying to become sleep technologists/technicians.

3. "...for diagnostic purposes." This phrase does not address the use of continuous positive airway pressure and bi-level positive airway pressure as <u>treatment modalities</u> which is an essential component of the scope of practice for sleep technologists and sleep technicians.

It is due to the abovementioned issues that I support the Hawaii Sleep Society's recommendation that the exemption language in SB2600 S.D. 2, Section 7 (2) be ammended as follows:

A person working as a Sleep Technologist/Technician as defined by the American Association of Sleep Technologists (www.aastweb.org), a person in-training to be a Sleep Technologist/Technician, and/or a person studying to become a Sleep Technologist/Technician.

Respectfully yours, AND Yoshimura, RRT,

94-100 Huki Place, #S-202

Waipahu, HI 96797

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#### nishimoto2-Ashley

From:	mailinglist@capitol.hawaii.gov
nt:	Monday, March 08, 2010 8:53 PM
:	HLTtestimony
Cc:	cruzah16@yahoo.com
Subject:	Testimony for SB2600 on 3/9/2010 10:00:00 AM

LATE

Testimony for HLT 3/9/2010 10:00:00 AM SB2600

Conference room: 329 Testifier position: comments only Testifier will be present: No Submitted by: MELVINA KALIKO Organization: The Queen's Medical Center Address: Phone: E-mail: <u>cruzah16@yahoo.com</u> Submitted on: 3/8/2010

#### Comments:

I would like to request that the bill SB 2600 S.D. 2 not pass at this time until further action on language changes are made to allow ALL SLEEP TECHNOLOGISTS, SLEEP TECHNICIANS, AND SLEEP TRAINEES are able to perform the full duties of their job in a specialized field of SLEEP. I am a Registered Polysomnographic Technologist who has worked in the field of SLEEP for more then 7 years now. I am not against the licensing of Respiratory Therapists but I am against the language in this bill that will not allow me to perform my job as an RPSGT to the fullest and in the best intrest of a patient. Like RTs I take my job very serious and

ust that my patients understand that they are in good hands with a trained Sleep rechnologist, Sleep Technician, or Sleep Trainee and not just some person who gets exposure to the field for a short period of time. Like RTs we as RPSGTs would not want anyone else doing our work unless they are qualified. Please consider my testimony and understand that although I am not against the licensing for Respiratory Therapist the language in this bill will prevent me from doing my job as an RPSGT to the fullest. I would like to see this bill pass only if ammendments are made to the language of this bill not affecting the work of any Sleep Technologist, Sleep Technician, or Sleep Trainee.

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

By:	AARON CRISLIP	RRT	HONOLULU
	print name	credentials	city of residence

Date: March 8, 2010

#### RE: SB2600 SD2 Relating to Healthcare Hearing scheduled for March 9, 2010 @ 1000 AM, Conference Rm 329

Chairs and Committee Members,

I support the intent of SB2600SD2 which seeks to regulate the practice of Respiratory Care.

Licensing will help to protect the public from respiratory therapists who are unable to obtain licenses to practice in the other 48 states who come to Hawaii seeking employment opportunities for respiratory therapists.

I and my colleagues work along side physicians and nurses at the bedside of many critically ill patients. We are entrusted with the respirators that support the breathing or "life support" for these critically ill patients. Our potential to do harm is great. Yet persons whose job involves hair care and cosmetics are required to be licensed while we are allowed to practice without oversight and accountability. This does not make good sense or offer the consumer of healthcare services, specifically respiratory care services much protection.

I ask that you change this scenario and help to protect the health and welfare of the people in Hawaii who require respiratory care services now and may in the future.

Thank you for your time.

Sincerely,

Acn. Gm/is\_ P-R.T Signature, credential

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

By:	STEVEN	CAMARA	, FRT , CPFT.	HONOLULU 96821
-		print name	credentials	city of residence

Date: March 8, 2010

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Signature, credential

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

Geraldine Cabaccano Bv: print name credentials city of residence Date: March 8, 2010

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Sincerely Signature, credential

To:	House Committee on Health Rep. Ryan I. Yamane, Chair Rep. Scott Y. Nishimoto, Vice Chair	· ·	
By:	DALLY E	 <u>LRT</u> credentials	city of residence

Date: March 8, 2010

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Thank you for your time. Sincerely Signature, credential

To:	House Committee on Health	
	Rep. Ryan I. Yamane, Chair	
	Rep. Scott Y. Nishimoto, Vice Chair	
	Wesley Carter	. PR
Bv:	MADIBN CONTEN	<u>, V</u> V

print name

credentials

city of residence

Date: March 8, 2010

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Sincerely.

Signature, credentia

#### TESTIMONY IN SUPPORT OF HB SB2600SD2 Relating to Respiratory Care Hearing Tuesday, March 9 2010

### LATE

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

By: Mark Sappington RRT Manager Clinical Services - Cardiopulmonary Therapy and Diagnostics

#### Re: HB SB2600SD2 RELATING TO RESPIRATORY CARE

Honorable Chair and Committee Members:

I am in support of IIB 2600SD2. This measure seeks to establish licensing and regulatory requirements for practice of respiratory care that would safeguard the care of the respiratory patients in our community.

- Respiratory Therapy has developed into a highly specific field of practice with the
  therapist using assessment and critical thinking to formulate the patient plan of
  care. No other adjunct medical profession assisting the physician goes through
  even a fraction of the educational process that is necessary to obtain a National
  Credential in Respiratory Care. That is why hospitals and medical companies
  alike utilize the expertise of a credentialed Respiratory Practitioner. They know
  what can happen when a critical life function is interrupted by a mistaken medical
  gas delivery or failure of an intensive care device. These are the worst of medical
  negligence. Many errors go unseen and unreported.
- The credential serves only a portion of our responsibility to patient care. As 48 other states have recognized, professional regulation would assure that not only do we utilize credentialed personnel but we also employ medical practitioners who are morally, ethically, and criminally scrutinized before providing care to our patients and families. In Hawaii Respiratory Therapists can:
  - > Have their license revoked in another state and come here to practice.
  - Be fired for ethical issues and hired at another hospital as there is no agency to report to.
  - Test positive for drugs or alcohol and continue to work in the field without treatment or counseling.
  - > Can have criminal records that affect safe practice of Respiratory Care.
  - Assume the role, identity or practice of a respiratory employee without a credential.

I consider myself not only a healthcare provider, but also a patient advocate. The safety and care of my patients has always been first and foremost in my career. Having some years ago come from a state with legislative regulation I have seen and have been directly involved with cases of employees who are unfit, incompetent, or negligent in the delivery of respiratory care. I am asking this committee to strongly consider the protection of our state's medical patients by supporting HB SB2600 SD2. Thanks you for your time,

Mark Sappington

P.2/2

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

By: print name credentials city of residence

Date: March 8, 2010

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Signature, credential



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

KONALD P. BAKER RRT By: print name city of residence credentials

Date: March 8, 2010

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Sincerel

Signature, credential

To:	House Committee on Health				
	Rep. Ryan I. Yamane, Chair		٠.		
	Rep. Scott Y. Nishimoto, Vice Chair				
By:	Leila Y. Takahama	RRT		ewa	Beach
-,-	print name	 credentials		city of r	esidence

Date: March 8, 2010

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

By:	Gnalloy Nacafuchi	, PPT	Waipahu
-	brint name	credentials	city of residence

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ncerely credential

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

By:	Marie Chaves	CRT	, Kane oko
	print name	credentials	city of residence

Date: March 8, 2010

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

	Rep. Scott 1. Mishimuto, vice chair			
By:	Daniel Rausch	RKT	, Kailua	
•	print name	credentials	city of residence	

Date: March 8, 2010

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Signature, credential

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

Bv:	Marc	Rezentes	RRT	Honolulu
,		print name	credentials	city of residence

Date: March 8, 2010

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Mari Signature, credential

To:	House Committee on Health		
	Rep. Ryan I. Yamane, Chair	. ,	
	Rep. Scott Y. Nishimoto, Vice Chair	~	
Bv:	Rose Many Acorta	 ff	Mublam-
- 1.	/ print name	credentials	city of residence

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

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Sincerely. RPS

Signature, credential

Representative Ryan I. Yamane Chair, House Committee on Health Hawaii State Capitol, Room 419 415 South Beretania Street Honolulu, HI 96813

RE: Senate Bill SD 2600

#### Dear Representative Yamane:

My name is Dr. Marc Kruger and I am a practicing pulmonologist and the Medical Director of the Kuakini Pulmonary Sleep Disorders Center. I am pleased to submit comments on Senate Bill 2600 S. D. 2, which would establish licensure for respiratory therapists. I am in favor of this bill; but wanted to express my concern regarding the added ambiguous exemption language for sleep technologists in SB2600 S. D. 2 Section 7 (2) and what I believe could be significant repercussions if this legislation is passed without change to such exemption language.

SD 2600 S.D. 2, Section 7 (2) states that a person working as a sleep technologist is exempted from this bill if he/she "has passed an examination for set-up, titration, and monitoring of continuous positive airway pressure, bi-level positive airway pressure for diagnostic purposes.". There are issues with this language:

- 1) The ambiguity associated with the term "examination" may result in a large number and variety of un-validated examinations [not approved by the BRPT and the American Association of Sleep Technologists (AAST)] being used by local sleep testing facilities to ensure compliance with this requirement. The current nationally (and internationally) recognized certification examinations for Polysonmographic Technologists and Polysonmographic Technologists (BRPT). Sleep Technologists and Sleep Technicians who have passed the BRPT examinations are credentialed sleep professionals who have demonstrated a high degree of core knowledge, skills, abilities and attributes in Polysonmographic Technology. Current credentials awarded by the BRPT are: Registered Polysonmographic Technologist (RPSGT) and Certified Polysonmographic Technologist and passing an "examination" as a requirement to demonstrate competency in this area, the BRPT and the AAST should be consulted regarding the examination's specific name, content and format.
- 2) Another unintended consequence of having the language state that the sleep technologist "passed an examination," would mean that this board would have to monitor and police the sleep centers, sleep labs, and all the sleep technologists/technicians to enforce this. I believe this would be beyond the scope of this bill. If the intent of this bill is to also police the sleep community, then it should include wording from the two national organizations above in #1. While the Hawaii Sleep Society hopes to someday have a licensing board for sleep technologist/technicians, trying to include it in this current bill would be difficult and likely delay the bill. In the bill, it clearly states that they do not wish to exclude people in other professions as long as they do not purport to be respiratory therapist. Since the sleep technologist/technicians do not purport as being respiratory therapists, the examination wording should be excluded and stated as below.

- 3) The present exemption language may unintentionally encroach and negatively impact the scope of practice of Polysomnographic Technologists and Polysomnographic Technicians (available on <u>www.aastweb.org</u>) here in Hawaii by non-inclusion of those who are intraining and/or studying to become sleep technologists/technicians.
- 4) "...for diagnostic purposes." This phrase does not address the use of continuous positive airway pressure and bi-level positive airway pressure as <u>treatment modalities</u> which is an essential component of the scope of practice for sleep technologists and sleep technicians.

It is due to the abovementioned issues that I support the Hawaii Sleep Society's recommendation that the exemption language in SB2600 S.D. 2, Section 7 (2) be amended as follows:

A person working as a Sleep Technologist/Technician as defined by the American Association of Sleep Technologists (www.aastweb.org), a person in-training to be a Sleep Technologist/Technician, and/or a person studying to become a Sleep Technologist/Technician.

Respectfully yog Marc Kruger, M.I

Medical Director, Pulmonary Sleep Disorders Center 347 North Kuakini Street Honolulu, Hawaii 96814 808-547-9119

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March 9, 2010 Conference Room 329, 10:00 am

LATE

#### To: The Senate Committee Representative: Yamane

From: Kristin M. Une, BS, RPSGT Registered Polysomnographic Technologist The Queen's Medical Center - Queen's Sleep Center

#### RE: Testimony in Support of SB 2600 SD2 with Proposed Amendments Relating to Respiratory Care

My name is Kristin M. Une, BA, RPSGT and I am employed at the Queen's Medical Center, Sleep Center.

As a clinical associate with The Queen's Medical Center, Sleep Center for 9 years, I am writing in support of SB 2600 SD2 which would establish licensing and regulatory requirements for the practice of respiratory care.

However, we do have concerns that an unintended consequence of this bill would be to disrupt care practices by preventing non-Respiratory Therapists from providing care currently done by other medical care specialists (e.g. technicians and technologists). Under the current verbiage of this bill, Sleep Technologists who have advanced education and training may potentially not be allowed to perform sleep studies as medical gases, CPAP, and Bi-level airway pressure modalities are used during this testing.

The American Academy of Sleep Medicine (AASM), along with the Board of Registered Polysomnographic Technologists (BRPT) and the American Association of Sleep Technologists (AAST) have established specialized and focused education for over 25 years, and have continued requirements to ensure proper qualifications for Sleep Technologists. Sleep Technologists, including myself, have surpassed these requirements set forth by the BRPT and AAST, and have taken a national board examination and are credentialed to perform polysomnograms and all treatment modalities involved.

As currently stated in SB 2600 SD2, and if it should precede as such, majority of the staff employed at The Queen's Sleep Center could potentially lose their ability to practice Sleep Medicine. This would occur despite advanced education and training in accordance with the AASM, national certification examination, and continued education in Sleep Medicine. It would be an injustice to Sleep Professionals to exclude them from practicing in the field they have spent years continuing growth and development within.

Therefore we ask that SB 2600 SD2 be amended to allow the exemptions for Sleep Technologists, Technicians, and students enrolled in an accredited program to perform the duties, but not limited to, the application and titration of CPAP, Bi-level therapy, and oxygen.

Thank you for the opportunity to testify in support of SB 2600 SD2. We ask that you pass this measure with the suggested exemption language.

Thank you, Kristin M. Une, BS, RPSGT

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LATE

To:	House Committee on Health Rep. Ryan I. Yamane, Chair	· · ·	
Ву:	Rep. Scott Y. Nishimoto, Vice Chair RomLynn Cortel	RRT	Honolulu
	print name	credentials	city of residence

Date: March 8, 2010

#### RE: SB2600 SD2 Relating to Healthcare Hearing scheduled for March 9, 2010 @ 1000 AM, Conference Rm 329

Chairs and Committee Members,

I support the intent of SB2600SD2 which seeks to regulate the practice of Respiratory Care.

Licensing will help to protect the public from respiratory therapists who are unable to obtain licenses to practice in the other 48 states who come to Hawaii seeking employment opportunities for respiratory therapists.

I and my colleagues work along side physicians and nurses at the bedside of many critically ill patients. We are entrusted with the respirators that support the breathing or "life support" for these critically ill patients. Our potential to do harm is great. Yet persons whose job involves hair care and cosmetics are required to be licensed while we are allowed to practice without oversight and accountability. This does not make good sense or offer the consumer of healthcare services, specifically respiratory care services much protection.

I ask that you change this scenario and help to protect the health and welfare of the people in Hawaii who require respiratory care services now and may in the future.

Sinceren nature. cn

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

Oldani By: city of residence credentials print name

Date: March 8, 2010

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I ask that you change this scenario and help to protect the health and welfare of the people in Hawaii who require respiratory care services now and may in the future.

Sincerely,

#### March 8, 2010

# LATE

Representative Ryan I. Yamane Chair, House Committee on Health Hawai'i State Capitol, Room 419 415 South Beretania Street Honolulu, HI 96813

Dear Representative Yamane:

#### RE: SB2600 S.D. 2

My name is Linda E. Kapuniai, Dr. PH and I am a Professional Staff member (Clinical Associate) employed for over 25 years at the Sleep Disorders Center of the Pacific at Straub Clinic & Hospital. I am pleased to submit comments on this bill which would establish licensure for respiratory therapists. This written testimony asks that the current version of this bill be rejected because substantive modifications need to be made made to Section 7 Exemptions, item (2). I also am proposing alternative language for Section 7 Exemption item (2). First and foremost, I believe it is inappropriate for this Act to establish licensure requirements for the practice of respiratory care as provided by "Respiratory Therapists" to set out requirements for other health care professionals whose practices may have some overlap with their scope of work.

The exemption chapter specifically states that this chapter is not intended to restrict the practice of other licensed or credentialed health care practitioners working within their own scopes of practice. I appreciate that Bill for an Act SB2600 S.D.2 made specific mention of sleep technologists so that there could be no question that persons credentialed in this profession could not be construed as not meeting the intention not to restrict the practice of other licensed or credentialed health care practitioners as noted above.

Therefore, I would suggest that the language in Section 7 item (2) should be modified to read as follows:

#### "A person working as a polysomnographic (sleep) technologist or technician."

In accord with item (3) that refers to a person enrolled as a student and so on, that there could be similar language to read as below or simply adding student/trainee to the bolded language above.

"A person who is a student or trainee in polysomnographic technology during their course of study/training where the performance of duties relevant to the scope of work adopted by the polysomnographic technology profession is an integral part of the student's or trainee's program of study/training.

Respectfully yours,

Linda Kapuniai

Linda E. Kapuniai, Dr.PH, M.P.H., M.A.

91-1097 Kanela St., Ewa Beach HI 96706

#### nishimoto2-Ashley

From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, March 09, 2010 12:08 PM
To:	HLTtestimony
Cc:	azmudd@yahoo.com
Subject:	Testimony for SB2600 on 3/9/2010 10:00:00 AM

LATE

Testimony for HLT 3/9/2010 10:00:00 AM SB2600

Conference room: 329 Testifier position: support Testifier will be present: Yes Submitted by: Thomas Munzlinger Organization: Individual Address: 2807 Park St Honolulu, HI 96817 Phone: 808 266-0461 E-mail: <u>azmudd@yahoo.com</u> Submitted on: 3/9/2010

Comments:

I support, with reservation on the language of the practice of a Sleep Technologist, this bill. It is overdue in Hawaii. I have 12 years of experience in Respiratory Therapy and 23 years as a Sleep Technologist in 5 states. I Suggest a change in the amendments for Sleep Technologists to prevent turf battles for such practice that has wasted countless hours, finances and created hardship in other states like California, New York, Nebraska and Florida. I suggest it read as follows:

1. This license will not infringe upon the Practice of Sleep Medicine by nationally credentialed Sleep Medicine practitioners or students of such who are formally enrolled in an approved Sleep Medicine educational program for a training period not to exceed two years, and being taught under the direction of credentialed Technologists. (Presently, to my knowlege, there are only non-traditional training programs for Sleep Medicine in Hawaii.)

2. The use of positive airway devices and low flow oxygen therapy for diagnostic studies on the natural airway in an Accredited Sleep Laboratory by a credentialed Sleep Practitioner, under the supervision of a Physician Boarded in Sleep Medicine, shall not be restricted.

The purpose of this language is not to restrict competent Sleep Technologists or students of such, but to prohibit unregulated, incompetent medical procedures from taking place in Hawaii.

Thank you Thomas G Munzlinger, BS, CRT, RPSGT