

Response to HB 2305.

The language HB 2305 is an attempt to lower the standards for licensing of Polysomnographers in the state of Oregon. The bill is in direct correlation with the recent failed attempt to change licensure thru the OHLA's Respiratory Therapist and Polysomnography Licensing Board. The Board voted to keep the current language and requirements after hearing from the petitioners. The petitioners presented 3 cases in which polysomnographers from out of state had a hard time getting a license to practice in Oregon. Ultimately 2 of the 3 did get a license and the 3rd took a job in California instead of Oregon. Now HB 2305 is an attempt to lower the requirements for Oregon licensure and exclude formal schooling from the requirements. Basically this would allow on the Job Trained polysomnographers to get a license in Oregon. OJT polysomnographers often lack the clinical skills to properly assess patients, so it was felt by the board that in order to properly protect patient's new polysomnographers to the state of Oregon need to be able to properly assess patients and formal education is the best way to assure this. There are currently 4 pathways to licensure and they are as follows:

1. Academic degree and passage of the national exam
2. 18 months training and pass exam within 2 years of application
3. Reciprocity – submit all other state licenses and one must be equivalent to Oregon standards. All must be in good standing and one must be active. Pass exam within 2 years
4. Endorsement – hold a qualifying credential in another field.

The above pathways not only keep Oregon patients safe, but they also ensure that polysomnographers are able to meet national reporting standards and are able to recognize safety issues when they arise. Patients undergoing sleep studies often present with serious co-morbidities such as systemic hypertension and cardiac arrhythmia that can be affected by the application of positive pressure breathing devices and/or manifest during a sleep study. More important, the Food and Drug Administration (FDA) requires mandatory reporting of adverse events and equipment malfunctions of devices (Class II) used in sleep studies to assure their safety and effectiveness. This means the individual conducting the test must be competent to recognize, in real time, any adverse physiologic events a patient might manifest due to faulty equipment or that the test data may be compromised due to equipment failure.

The American Association for Respiratory Care maintains that individuals are less likely to detect or be aware of a malfunction and will be unable to comply with federal regulations without a focused accredited education. Further, the absence of widespread accredited education within states considering legislative action makes these Polysomnography legislative initiatives inconsistent with existing requirements for other allied health professionals within that state by creating a lower level of patient protection.

The Oregon Society for Respiratory Care supports licensure of educated highly competent polysomnographers. We believe that education and clinical experience thru a degree program that is accredited by an independent 3rd party is the way of the future for polysomnographers as it is for all allied healthcare careers. We also maintain that OJT's educated thru modules that are not accredited by

an independent 3rd party are not the equivalent and in no way prepare a person to make the clinical decisions needed for patient safety or to meet the reporting guidelines set forth by the FDA.

It is not in the State of Oregon's best interest nor the patient's best interest to allow licensure of individuals with an educational deficit that would leave them unaware of mandatory reporting and unable to make the clinical assessments required for safety, which would ultimately leave the patient at risk. The patient's clinical condition is the primary reason for performing a sleep study, so why would the State of Oregon consider legislation that would not only put patient safety at risk, set a presidency of lowering the level for required education for an allied healthcare worker, and place workers unable to make educated clinical decisions on the front line of healthcare without supervision. There is no possible positive conclusion to allowing this legislation, only a high probability of placing patients at risk due to lack of clinical experience and knowledge.

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