Department of Legislative Services

Maryland General Assembly
2004 Session

FISCAL AND POLICY NOTE

House Bill 1181 (Delegate Benson, *et al.*)
Health and Government Operations

Respiratory Care Practitioners Act - Practice of Polysomnography

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This bill requires the State Board of Physicians' Respiratory Care Professional Standards Committee to develop and recommend regulations relating to the practice of polysomnography within a respiratory care professional's current scope of practice. The board may authorize an individual to practice as a polysomnographic technologist, a polysomnographic technician, or a polysomnographic trainee.

Fiscal Summary

State Effect: Special fund expenditures could increase by $24,700 in FY 2005. Future years reflect annualization and inflation. No effect on revenues in FY 2005. Special fund revenues could increase by $30,000 in FY 2006 from fees. Future year revenues reflect 20 new applicants annually, biennial authorization, a $150 renewal fee, and all individuals renewing.

(in dollars)	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
SF Revenue	$0	$30,000	$3,000	$33,000	$6,000
SF Expenditure	24,700	27,000	28,400	30,000	31,700
Net Effect	($24,700)	$3,000	($25,400)	$3,000	($25,700)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary: Practicing polysomnography means analyzing, attended monitoring, and recording physiologic data during sleep and wakefulness to assess and diagnose sleep/wake disorders and other disorders, syndromes, and dysfunctions that are sleep-related, manifest during sleep, or disrupt sleep/wake cycles and activities.

A technologist must be certified by the Board of Registered Polysomnograhic Technologists as a registered technologist.

A technician must have successfully completed a polysomnography program that meets or exceeds the requirements of the Association for Polysomnographic Technologists or a successor organization or the American Association for Respiratory Care curriculum guidelines for polysomnographic technology. A technician also must provide the committee with written documentation that he or she has successfully completed competency testing in polysomnography.

A trainee must provide the committee with written documentation that a licensed physician, technologist, or technician will directly supervise the trainee's performance and provide written documentation that the individual is currently enrolled in a polysomnography program that meets or exceeds the requirements of the Association for Polysomnographic Technologists or a successor organization or the American Association for Respiratory Care curriculum guidelines for polysomnographic technology.

Current Law: The committee is charged with:

- reviewing all applications for licensing, renewal, and reinstatement of respiratory care practitioners as well as making recommendations to the board;
- making recommendations to the board regarding standards of care for respiratory care practitioners, regulations governing respiratory care practitioners, the accreditation status of education programs in respiratory care for the board's approval, and the endorsement of credentials of respiratory care practitioners from outside of the State;
- investigating complaints against respiratory care practitioners as referred by the board;
- developing and recommending a code of ethics;

- developing and recommending continuing education requirements for license renewal to the board; and

- advising the board on matters related to the practice of respiratory care.

The practice of respiratory care has been regulated by the board since 1988. At that time, a respiratory care practitioner was required to be certified by the board in order to practice. In 1995, legislation was introduced that attempted to codify scope of practice regulations and license respiratory care practitioners, given the responsibilities of the respiratory care practitioner. The next year the General Assembly passed Chapter 516 of 1996, the Maryland Respiratory Care Practitioners Act. This Act created the committee, codified the scope of practice standards, and established a licensing statute.

Chapter 479 of 2001 requires hospitals, related institutions, alternative health systems, or employers of a respiratory care practitioner to report to the board any changes to the respiratory care practitioner's duties for any reason that may be grounds for disciplinary action under the statute. There are exceptions to this notice requirement for respiratory care practitioners who disclose that they are in treatment for alcohol or drug abuse. This law also requires the revocation of a license for conviction of a crime based on moral turpitude.

Background: Over the past five years, the number of licensed respiratory care practitioners has fluctuated between 2,300 and 2,000, with the most recent number of respiratory care practitioners in Maryland recorded at 2,283. The committee reports that there is a growing shortage of respiratory care practitioners in the State. The committee is working with the Governor's Workforce Investment Board to increase the number of individuals entering the profession.

According to the committee, some licensed respiratory care practitioners have received the additional training to provide the services covered under this bill. However, most of these services are not within the practitioners' current scope of practice.

Polysomnography is a test to diagnose sleep apnea and determine its severity, according to the National Institutes of Health National Heart, Lung, and Blood Institute. Sleep apnea is a breathing disorder that occurs when a sleeping person's breathing pauses. A person with sleep apnea often snores between episodes when his or her breathing pauses. Sleep apnea can also be related to an irregular heartbeat, high blood pressure, heart attack, and stroke.

State Revenues: No effect on special fund revenues in fiscal 2005 because the Department of Legislative Services assumes the board will need to first establish the program and potential applicants will need to complete a polysomnography program. Special fund revenues could increase by $30,000 in fiscal 2006 reflecting 200 applicants each paying a $150 fee. Future year revenues assume 20 new applicants annually, biennial authorization, a $150 renewal fee, and all individuals renewing.

State Expenditures: Special fund expenditures could increase by an estimated $24,727 in fiscal 2005, which accounts for the bill's October 1, 2004 effective date. This estimate reflects the cost of hiring one part-time administrative officer to establish and manage the authorization program. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Salary and Fringe Benefits	$16,893
Operating Expenses	7,834
Total FY 2005 State Expenditures	**$24,727**

Future year expenditures reflect: (1) a full salary with 4.6% annual increases and 3% employee turnover; and (2) 1% annual increases in ongoing operating expenses.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene; *Facts About Sleep Apnea*, National Institutes of Health National Heart, Lung, and Blood Institute; Department of Legislative Services

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