

Department of Legislative Services
 Maryland General Assembly
 2005 Session

FISCAL AND POLICY NOTE

House Bill 1022 (Delegate Benson)
 Health and Government Operations

Maryland Polysomnography Act

This bill requires the Board of Physicians to license and otherwise regulate the practice of polysomnography.

The bill takes effect July 1, 2005.

Fiscal Summary

State Effect: Board of Physician special fund expenditures could increase by \$26,400 in FY 2006. Board special fund revenues could increase by \$30,000 in FY 2007 from new licensure fees. Future year estimates reflect annualization, inflation, and assume 10% growth in the number of licenses issued.

(in dollars)	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
SF Revenue	\$0	\$30,000	\$3,000	\$33,000	\$6,000
SF Expenditure	26,400	29,200	30,700	32,400	34,300
Net Effect	(\$26,400)	\$800	(\$27,700)	\$600	(\$28,300)

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

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The bill establishes the “Maryland Polysomnography Act.” The practice of polysomnography means to analyze, attend, monitor, or record the physiological data of an individual during sleep or while awake to assess and diagnose sleep or wake

disorders or other sleep-related disorders, syndromes, or dysfunctions that may manifest during sleep or may disrupt an individual's normal sleep and wake cycle and related activities.

The board must adopt regulations for the licensure and practice of polysomnography. The board must set reasonable fees for licensure and renewal. Fees must be set to approximate the cost of maintaining the licensure program.

The bill creates a Polysomnography Professional Standards Committee within the board. The committee must develop and recommend to the board various provisions necessary to appropriately regulate the profession, including regulations, a code of ethics, standards of care for the practice of polysomnography, and requirements for licensure.

The bill also specifies: (1) requirements for licensure; (2) terms for the issuance of temporary licenses; (3) disciplinary actions the board may take; (4) prohibited practices; (5) hearing procedures; and (6) that the Maryland Polysomnography Act is subject to the Maryland Program Evaluation Act and has a termination date of July 1, 2010.

A person who violates any provision is guilty of a misdemeanor and subject to a fine of up to \$1,000 or imprisonment for up to one year or both. Any person who practices polysomnography without a license is subject to a civil fine of up to \$5,000 to be levied by the board and paid into the Board of Physicians Fund.

Current Law: The practice of polysomnography is not currently regulated by the State.

Background: 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.

HB 1181 of 2004 attempted to have polysomnography practices regulated the Board of Physicians' Respiratory Care Professional Standards Committee. The committee was to develop and recommend regulations relating to the practice of polysomnography within a respiratory care professional's current scope of practice. The board would be required to authorize an individual to practice as a polysomnographic technologist, a polysomnographic technician, or a polysomnographic trainee. The bill was referred to summer study, but no report was issued.

State Fiscal Effect: Board of Physician special fund expenditures could increase by an estimated \$26,442 in fiscal 2006, which accounts for the bill's October 1, 2005 effective

date. This estimate reflects the cost of hiring one part-time administrative officer to assist in promulgating regulations, handle inquiries from potential applicants, collect and verify applications, process licenses, and maintain a database of all licensed individuals. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Salary and Fringe Benefits	\$17,952
Operating Expenses	<u>8,490</u>
Total FY 2006 State Expenditures	\$26,442

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.

Board special fund revenues could increase by \$30,000 in fiscal 2007 as licensure begins. This estimate assumes the board would charge a \$150 registration fee and that 200 individuals would apply for licensure. Future year estimates reflect biennial renewals and assume 20 new applications annually.

The bill's penalty provisions are not expected to significantly impact State finances or operations.

Additional Information

Prior Introductions: A similar bill, HB 1184 of 2004, proposed to have polysomnography regulated by the board's Respiratory Care Professional Standards Committee. The bill was referred for summer study.

Cross File: None.

Information Source(s): Office of Administrative Hearings, Department of Health and Mental Hygiene (Board of Physicians), Department of Legislative Services

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