

**MARYLAND BOARD OF PHYSICIANS
POLYSOMNOGRAPHY PROFESSIONAL STANDARDS COMMITTEE
OPEN MEETING MINUTES**

Thursday, June 28, 2012, 4:00 p.m., Room 100

PRESENT: Douglas Rousseau, RRT, RPSGT, Helen A. Emsellem, M.D., Anne Harter, RPSGT, CRT, Susheel Patil, M.D., Michael DeLayo, RPSGT

STAFF PRESENT: Ellen Douglas Smith, Chief, Allied Health, Noreen Rubin, Esq., Board Counsel, Karen Wulff, Public Policy Analyst, Robin Bailey, Public Policy Analyst, Julie Washington, Allied Health Analyst, Phyllis Washington, Administrative Specialist

ABSENT: Brian Bohner, M.D.

GUEST: Jessica Schmidt, President of the Maryland Sleep Society

CALL TO ORDER

Ms. Smith called the meeting to order at 4:08 p.m.

APPROVAL OF MINUTES

On a motion made by Ms. Harter and seconded by Mr. Rousseau, the Committee approved the February 23, 2012 open meeting minutes.

LEGISLATIVE REPORT – Karen Wulff and Robin Bailey, Public Policy Analysts

HB 833 – Respiratory Care Practitioners – Practicing Polysomnography – Licensing
Exceptions

HB 827 – Polysomnographic Technologists – Education and Examination
Requirements

Ms. Bailey stated that HBs 833 and 827 were passed in Annapolis during the 2012 legislative session. HB 833 is for respiratory care practitioners practicing polysomnography. It grandfathers in existing respiratory care practitioners practicing polysomnography and will allow them to continue practicing without having to get a polysomnographic technologist license. HB 827 involves the polysomnographic technologist education and examination requirement. It will expand the education requirement to include a clinical component that would be established by the Committee and approved by the Board.

Mr. DeLayo suggested that the Committee and the Maryland Sleep Society work together on the proposal for a clinical component.

Jessica Schmidt, President of the Maryland Sleep Society, stated that she discussed with the Director of Allied Health Programs at CCBC-Essex, the clinical components of the CAAHEP programs and what it might look like. The thought was to administer clinical programs like the CAAHEP clinical programs. The students would receive clinical training at a hospital where there is an affiliation agreement. The training would be provided by a licensed RPSGT. Ms. Schmidt stated that they thought about providing grants for the students for living stipends. She suggested that this might solve the out-of-state issue.

Dr. Patel stated that out-of-state licensees are their bridge, because the number of people coming through the CAAHEP program is not that large. The individuals from out-of-state who have the RPSGT credential, but may not have the clinical component could use the program to get their clinical training.

Ms. Schmidt stated that they had the national sleep meeting two weeks ago where she met the incoming president of CAAHEP and other representatives. The CAAHEP programs are floundering. They are not growing. The programs that are certified do not have revenue or increased enrollment. This is the reason they are looking at A-STEP because they are not sure that the CAHEEP programs will survive. CCBC is averaging three to five graduates.

Ms. Schmidt stated that CCBC mentioned using corporate funded grants. The people in sleep medicine give grants to the colleges to help their reduce costs for students and possibly create stipends for living expenses. CCBC has partnerships with University of Maryland, Johns Hopkins and Carroll County Hospital, which are accredited by the Sleep Academy.

Mr. Rousseau stated high school students are the one population that has not been addressed. The students are not aware of the sleep profession. He suggested that the sleep community address high school students who would be qualified to receive funding. Create the curriculum to address the students because they are the future. He does not feel that the future will be in college graduates.

After discussion, the Committee determined that they would work to come up with a proposal for a clinical component to be discussed at the August 2012 meeting.

NEW BUSINESS

2012 Annual Report

Ms. Smith stated that the 2012 Annual Report is a recommendation from the 2011 Sunset Review. It recommended that the Chair of each committee present the annual report. She stated that because there is no provision in the Polysomnography statute for Chair, she asked for a volunteer to make a report to the Board. Ms. Smith will provide a draft of the 2012 Annual Report for the Committee to review and comment. The Board will meet September 26, 2012.

UNFINISHED BUSINESS

Sanctioning Guidelines

Ms. Wulff stated that sanctioning guidelines for other allied health professions moved forward. However, there is nothing in the polysomnography statute that allows for fines for various grounds for discipline. The Board will propose legislation that will allow them to fine polysomnographers.

There being no further business the meeting was adjourned at 5:05 p.m.

Submitted by:



Ellen Douglas Smith
Chief, Allied Health