

**Inaugural Meeting of the
California Sleep Society
January 26, 2008
Palo Alto, CA**

Minutes

Meeting Commenced: 10:10 am

Michael Salemi, RPSGT presided over the meeting.

Welcome & Announcements

Acknowledgement of the following individuals for their contribution to our field:

- William Dement, Ph.D., M.D., Director of the Stanford Sleep Disorders Center
- Sharon Keenan, RPSGT, Ph.D., Past President of the AAST (formally APT), and Director of the School of Sleep Medicine
- German Nino-Murcia, M.D. in memoriam, sleep educator and founder of the Sleep Medicine and Neuroscience Institute

Thank you to ResMed and Respironics for sponsoring the meeting with refreshments and lunch.

Thank you to Sharon Keenan for allowing our meeting to take place at the School of Sleep Medicine.

Introduction of the Interim Board:

Glenn Roldan, RPSGT – VP, Clinical Operations, N2Sleep, LLC

Kimberly Trotter, RPSGT – Practice Manager, UCSF Sleep Disorders Center

Michael Salemi, RPSGT – General Manager, California Center for Sleep Disorders

Al Reichert, RPSGT – Manager, Sequoia Hospital Sleep Disorders Center

Michael Cohen, M.D. – Medical Director, Contra Costa Sleep Center

Sharon Keenan, Ph.D., RPSGT – Director, School of Sleep Medicine

Clete Kushida, M.D., Ph.D., RPSGT – Medical Director, Stanford Human Research Sleep Center

Paul Selecky, M.D. – Medical Director, Hoag Hospital Sleep Disorders Center

Alon Avidan, M.D., Ph.D. –UCLA

Milton Erman, M.D. – Medical Director, of the San Diego Sleep Center

The board is made up of 5 physicians and 5 technologists.

California Sleep Society: Organized to promote scientific research, set clinical guidelines and support education advancement in sleep medicine, advocate for sleep disorders patients and sleep professionals in matters of insurance reimbursement and promoting high standards of diagnosis, therapy, and treatment in sleep medicine.

Formation of CSS with AASM Assistance:

- Logistics (email, website, organization)
- Legislative and lobbying support

Craft Legislation to protect and advance the professional of PSG Tech

Address RCB actions attempting to:

- Restrict PSG to RRTs
- Restrict CPAP setup in homecare to RRTs

Statement to local CMS carriers regarding home studies.

Hold elections for CSS board

Explore voluntary standards for techs and labs

- Possible CSS “Certification”

Gain full independence from AASM

Other items for discussion

- Poor DME services from national chains
 - CMS competitive bidding in 2009 may limit access
- Inadequate reimbursement for Polysomnograms

Synopsis of Meeting with CA-RCB:

History of Political Activities

- Issued statement in Nov 2007 that PSG was covered under 1983 Respiratory Care Act. “maintains the natural airway”
- Lab in Salinas was cited
 - Inappropriate behavior of tech
 - No standards for labs
 - No standards for techs
 - Training
 - Background checks
- RCB gave no credence to AASM accreditation and BRPT registry.
- The public safety of tens of thousands of sleep disorders patients outweighed a turf battle:
 - Dr. Selecky – CTS
 - CTS has a long history of battles with RCB
 - Dr. Cohen – CMA
 - One of the most powerful lobbies in California
 - Dr. Kram – Senator Perata
 - Senate President Pro Tem
 - AASM
 - Legal Support

- Could RCB do what they were doing? They did have the authority?
- **Private Meeting on 11/8/07**
 - The Senator was appalled at the RCB's actions and sympathetic to our current situation.
 - I thought the meeting was a home run – Dr. Kram received word it was a Grand Slam.
 - The Senator would personally sponsor the legislation.
- **The Senator's office is willing to help us identify an appropriate lobbyist.**
- **“Be careful what you wish for”**
 - The senator urged caution regarding the introduction of legislation. This will be a long process if we make the decision to form a State Board.
- **Michael Miiller – Scope of Practice Specialist.**
 - Where does oversight of PSG fall – RTs or MDs?
 - Mr. Miller called the RCB Director, Stephanie Nunez.
 - To find out what their plan is and to ask lots of questions.
 - Express concerns about the need for sleep studies.
 - Try to slow things down a bit until we can have a more in depth conversation.
- **State Agencies: 12-17-07 (meeting with Mr. Miiller & State agencies)**
- **CMA, CA Med Board, DME Lobbyist, AASM, RCB**
- **Primary Issues**
 - Why RCB proceeded with regulation action.
 - Sunrise Questionnaire was not well researched.
- **RCB was rigid in their position.**
 - Public safety was main concern.
 - No data to back-up claims.
- **MD organizations were supportive of our position.**
- **Michael Miiller wanted Sleep Community to bring him an alternative plan to address RCB's concerns.**

Form the California Sleep Society

- Set of standards to self regulate the practice of Sleep Medicine in California until formal legislation is passed.
- Proposed legislation could be first enacted by the California Sleep Society as a set of voluntary standards. Labs meeting these standards could receive a California Sleep Society Certification.
- The CSS would not be the body that would become the State regulatory board. There would be a split similar to the CA Society for Respiratory Care and the RCB.

Options for regulation:

Full Licensure:

- Requires State Board

- Long legislative process 2-5 years
- Reluctance in State Legislature due to recent failures

Licensure Exemption

- Oversight by existing State Board
- Relatively Short Legislative Process
- Only existing board available is the RCB.

Certification

- Similar status of Radiology Techs, Nuclear Med Techs and Phlebotomists
- Overseen directly by Department of Health Services
- Shorter legislative process <2 years
- Reciprocity from national board BRPT to State Level
- Recommended pathway by DHS, CMA, CA Medical Board, Department of Consumer Affairs.

The Department of Health Services is mandated to protect Public Health by insurance.

Answering the RCB

- **Create a structure for techs qualifications and lab policies.**
 - Codify tech oversight.
 - Create lab standards that mirror those that exist for other DHS facilities could be a way to answer many issues raised by the RCB
- **Create a structure for lab policies**
 - Current DME Cert like a mini AASM accreditation
 - Review P&P
 - Standards for patient rights, device handling, prescriptions, and job descriptions for key personnel.
 - Site inspection to insure standards for delivery of services
- **Raising the bar**
 - The RCB has alleged that there are many sub-standard labs that don't have trained techs, board certified sleep specialist (D.ABSM) leadership and/or absentee of the Medical Director.
- **The testing process has been discussed nearly as much as the tech issue.**
 - CSS lab could mirror AASM accreditation. With limited focus.

Sleep labs would perform a criminal background check on new techs.

- Formally define Tech job descriptions matching AASM/BRPT
- Mandated registry of techs within specified time frame.
- Required A-Step Training Programs and Continuing Education Credits.

Required MD Oversight: Polysomnography as a Physician Supervised Service.

- The Senators office expressed a great deal of support for idea that RCB had overstepped its authority and ventured into the physician's scope of practice with regards to PSGs and application of CPAP.
- PSGs may be performed only by the written order of an MD.
- PSGs must occur with physician oversight

- Challenge of defining “oversight”
 - Daily face-to-face physician interaction with sleep lab staff and physician critique of PSG and tech quality.
- PSG interpretation must be signed by a licensed MD.
 - May affect boarded PhDs.

CSS requests to RCB prior to passage of legislation. (DHS acts upon instructions from the RCB by issuing citations, etc.)

- The CSS shall request that DHS follow specific standards before investigating complaints re: polysomnograms in hospital or IDTF (Independent Testing Facility).
- All patient complaints must be verified and found to have a factual foundation prior to investigation.
- Citations shall only be issued for incidents related to patient safety.

Critical Decisions

- Tighten standards for labs
 - Sleep labs – legislative regulation vs. self regulation.
- Tech Certification and legislation.
- Drafting formal response to the RCB’s Sunrise Questionnaire
 - More factual accounting of the current state of affairs in sleep medicine
 - RCB’s position is primarily based on hypothetical concerns and poor statistical analysis (i.e. a questionnaire was sent to approximately 267 organizations and groups associated with sleep medicine only 29 surveys were returned.

Presentations by Key Members:

Dr. Jerrold Kram – Medical Director of the California Center for Sleep Disorders:

Discussed 1/22/08 meeting with CMA, CA Hospital Association, Medical Board of CA, Department of Health Services, Dept of Consumer Affairs, and the AASM. The result led to further pushing the approach of certification rather than licensure. DHS rep heard our alternate view. He had not heard any of this from the Respiratory Care Board.

**Ted Thurn – AASM Senior Health Policy & Government Affairs Analyst.
AASM Involvement: Assistance in forming the CSS, and offering Legislative Support:**

File the paperwork to incorporate CSS. The Articles of Incorporation takes about 6 weeks, then we have to file the Statement of Information. We’ve mailed in the Articles of Incorporation. Once we hear from the State, we will file the State of Information and then we will be incorporated. We will be 501-c6 (c3 is a charitable organization), which will be a non-profit society. First we incorporate on the state level. Working with David Gonzales, one of the AASM legal counsel.

Kristine Servidio: # 25 RPSGT in this country. Represents the Board of Directors of the AAST. AAST provided a \$10,000.00 gift to help defray some of the costs of start up. Contact the AAST at the main office or the website.

CSS website: CSS has been able to work with the medical board, and other organizations and have had positive feedback from these organizations. AASM and AAST will pull back and will not be involved in the day to day operations of CSS, once established. AASM will be available as a resource but will not be involved in the managing of the society.

Membership Applications: Were distributed and collected.

Michael Salemi:

Group Discussion Points

- RCB position during legislation process
- Formation of CSS – assistance from AASM and the path to independence
- Craft legislation to protect and advance the profession of Sleep Tech
- Future elections of CSS Board
- Statement to local CMS carriers regarding home studies
- Create voluntary standards for sleep labs
- Poor DME services from national chains [issue with competitive bidding. As sleep techs, there's a real disconnect with a lot of people doing DME. They are not aware what happens in the sleep lab and vice-versa].
- Formation of CSS committees and task forces [other things that people present want to be involved in]
- Inadequate reimbursement for PSGs

MOTION: to approve the interim board.

In favor: Majority. Passed.

The following Task Forces were formed:

- Homecare/Aftercare
- Membership
- Education
- Home studies
- MD Oversight

Action Items:

- Work on CSS website
- Membership Drive
- Craft Sample letter to legislators
- Work on Certification Bill language
- Meet with RCB regarding our actions
- Mobilize the task forces
- Next meeting: TBD

Meeting adjourned: 1:00 pm

Respectfully transcribed by Glenn Roldan, RPSGT

Edited for length and content by Kimberly Trotter, MA., RPSGT