



May 13, 2009

RE: An open letter from the American Academy of Sleep Medicine (AASM) and the American Association of Sleep Technologists (AAST) to State Society Respiratory Care Presidents regarding regulation of appropriately educated, competency-tested and credentialed personnel

Dear State Society Respiratory Care Presidents:

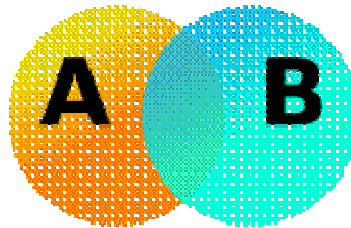
Recently you received a communication from the national respiratory therapist organization, the American Association of Respiratory Care (AARC). In that communication, the AARC declared that the respiratory care profession is “under attack” and the implication was that this “attack” was coming from the sleep technology profession and that sleep technologists are looking to restrict the scope of practice for respiratory care. The American Academy of Sleep Medicine (AASM) and the American Association of Sleep Technologists (AAST) **do not** have an agenda that in any way will restrict the practice of respiratory care. Our goal with this communication is to end the miscommunications surrounding the issue of certification and scope of practice for the respiratory therapist and sleep technologist professions. We look to participate in a reasonable and productive dialogue.

The AASM, AAST, and state sleep societies welcome the opportunity to work with your state respiratory societies on sleep technologist licensure legislation and on other patient-centered sleep and other health care related issues. As the sleep technology profession continues to grow, our members look forward to developing stronger ties with other health care organizations, especially state respiratory care societies and their members. The AASM and AAST appreciate that the AARC communication has initiated this dialogue so that our professions may address these issues.

The AARC message states: “We support state regulation of appropriately educated, competency-tested and credentialed polysomnographic personnel so long as it does not in any way adversely impact the scope of practice and/or licensure status of the respiratory therapist.” **The AASM and AAST agree with the AARC’s statement.** The main objectives during a sleep procedure are to ensure the patient’s safety and that patients receive the highest quality of care. Standards have been established to ensure that our patients receive the highest quality of care. These standards include: accreditation of the sleep facility; board-certification of the sleep physician; and that appropriately educated, competency-tested and credentialed personnel are performing the test.

On the standard for appropriately educated, competency-tested and credentialed personnel performing sleep procedures, the AASM Accreditation Standards (attached) require that (beginning on July 1, 2009) a minimum of one sleep technologist must be certified by the Board of Registered Polysomnographic Technologists (BRPT), or accepted by the BRPT to sit for its certification examination or an equivalent examination accepted by AASM. In addition, beginning on July 1, 2009, these standards require that all technologists and technicians conducting sleep testing who are not certified by the BRPT or other accepted certification body must be enrolled in or have completed the A-STEP Online Self Study Modules, or must be enrolled in a CAAHEP accredited sleep technology training program, electroneurodiagnostic (END) program, or respiratory therapy add-on track for sleep technology.

The scope of practice for sleep technologists and respiratory care practitioners are similar to that of a “Venn diagram” that illustrates how sleep technologists and respiratory therapist’s scopes of practice



overlap in some areas. However, the diagram also demonstrates how there are areas in each professional’s education and training that are very different. Just as a sleep technologist does not have the knowledge or skills to perform all of the various duties of a respiratory therapist, an individual solely credentialed as a respiratory therapist does not have the expertise to prepare a patient for and administer sleep diagnostic studies. The AASM/AAST document “*Scope of Practice for RPSGT’s and RT’s*” (attached) outlines where these scopes of practice overlap and where they differ.

The BRPT, <http://www.brpt.org/>, an entity that has tested over 13,000 sleep professionals since 1979, also recognizes the differences in the education and training for a sleep technologists and respiratory therapist. The BRPT allows for credentialed health care professionals (RN, LPN, **RRT**, **CRT**, R. EEGT, R. EP T., CNIM, PA, PhD, MD, DO, DC, EMT-P, DDS) to sit for the RPSGT examination after they have completed a minimum of 6 months of paid clinical experience where at least 21 hours per week are polysomnography direct patient recording and/or scoring.

Competency-testing in sleep for respiratory therapists is also supported by the AARC. The AARC has recently begun offering a sleep disorders specialty examination and a corresponding credential, [Sleep Disorders Specialist \(SDS\)](#) for already certified or registered respiratory therapists. To be eligible to sit for the SDS examination, respiratory therapists must:

- Be a CRT or RRT having completed a CAAHEP accredited respiratory therapist program including a sleep add-on track; OR

- Be a CRT with 6 months of full time clinical experience following certification in a sleep diagnostics and treatment setting under medical supervision (MD, DO or PhD) ; OR
- Be an RRT with 3 months of full time clinical experience following certification in a sleep diagnostics and treatment setting under medical supervision (MD, DO or PhD).

Our country is currently experiencing its worst economic downturn since the Great Depression, and unemployment is at its highest level since 1983. Although many employers are laying off workers or are implementing a hiring freeze, the sleep technology and respiratory therapist fields continue to thrive. A recent work search of CareerBuilder, juju, and Monster, found that there are numerous positions open for respiratory therapists in every state. There are many career opportunities available for each profession, and our professions need to work together and not at odds to make certain that both professions continue to grow and provide the highest quality of care for our patients.

The AASM, AAST, and AARC all support state regulation for appropriately educated, competency-tested and credentialed polysomnographic personnel. All three organizations agree on this issue. It is essential that sleep and respiratory use this opportunity as a springboard to open dialogue so our professions continue to grow. For state respiratory and state sleep societies to meet and discuss these issues, please use the attached document "*State Sleep Society Contact List*" to contact the state sleep society president in your state.

This communication is also an invitation for the leadership of the AARC to sit down with us to identify how we can work together to help ensure that the individuals providing sleep care are all competency tested and credentialed. Please contact the AASM Executive Director, Mr. Jerome A. Barrett at (708) 492-0930 or at jbarrett@aasment.org to take this important next step.

Sincerely,

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