

Advisory Board on
Polysomnographic
Technology

Virginia Board of Medicine
September 23, 2022
2:30 p.m.

Advisory Board on Polysomnographic Technology

Board of Medicine

Friday, September 23, 2022 @ 2:30 p.m.

9960 Mayland Drive, Suite 201

Henrico, VA

	Page
Call to Order -- Abdul Amir, MD, Chair	
Emergency Egress Procedures -- William Harp, MD	i
Roll Call -- Delores Cousins	
Approval of Minutes of October 8, 2021	1 - 4
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business	
1. Periodic Review of Regulations Governing the Practice of Polysomnographic Technologists... Erin Barrett	5 - 18
2. Review of Bylaws for Advisory Board..... Erin Barrett	19 – 20
3. Approval of 2023 Meeting Calendar Abdul Amir, MD	21
4. Election of Officers Abdul Amir, MD	

Announcements:

Next Scheduled Meeting:

February 10, 2023 @ 2:30 p.m.

Adjournment

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Training Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

<< DRAFT >>

ADVISORY BOARD ON POLYSOMNOGRAPHIC TECHNOLOGY
Minutes
October 8, 2021

The Advisory Board on Polysomnographic Technology met on Friday, October 8, 2021 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Abdul Amir, MD, Chair
Ronnie Hayes, RPSGT, Vice Chair
Hannah Tyler, RPSGT
Raid Mohaidat, Citizen

MEMBERS ABSENT: Jonathan Clark, RPSGT

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Director, Licensure
Colanthia Opher, Deputy Director, Administration
Delores Cousins, Licensing Specialist

GUESTS PRESENT: None

Call to Order

Dr. Amir called the meeting to order at 1:03 p.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress procedures.

Roll Call

Roll was called, and a quorum was declared.

Approval of Minutes

Ronnie Hayes moved to approve the minutes of the October 9, 2020 meeting. The motion was seconded by Raid Mohaidat and carried.

Adoption of Agenda

Ronnie Hayes made a motion to adopt the meeting agenda. The motion was seconded by Dr. Amir and carried.

Public Comment

None

New Business

1. 2021 Legislative Update and 2022 Proposals

Dr. Harp provided an update on legislative actions from the 2021 General Assembly that were of interest to members and briefly mentioned several 2022 DHP legislative proposals.

2. Discussion of Dentists Testing, Treating, and Diagnosing Sleep Apnea

Advisory Board members discussed a position paper issued by the American Academy of Dental Sleep Medicine (AADSM) which addresses the use by dentists of home sleep apnea tests to diagnose sleep apnea. Members discussed that in order for dentists to treat sleep apnea, they would need to have some specialized training in that area. They were concerned that patients with more complex issues may not be properly managed by those using home sleep apnea tests and possibly jeopardizing the overall health of the patient. The Advisory Board concluded that it will wait for the outcome of the Board of Dentistry's discussion of this issue before revisiting it again.

3. Review of Licensure Requirements

Michael Sobowale said this topic was placed on the Advisory Board's agenda at the request of the Credentials Committee for the Advisory Board to review the licensing requirements and application questions to determine if they can be further streamlined. The Credentials Committee met on September 20, 2021 to review and recommend which documents required in the licensing process should be primary-source verified, which ones may be submitted as copies, and those that are no longer be needed in the licensing process. The Credentials Committee will be making recommendations on how the licensing process for all professions could be streamlined. The Committee asked that any recommendation made by the Advisory Board be reported at its next meeting on November 8th.

Members reviewed current licensure requirements for polysomnographic technology license applicants and it was the consensus of members that the application process could be simplified for applicants while still protecting the public. The Board reached a consensus as follows:

License applicants should submit primary-source verification of the following documents: evidence of one of three credentialing pathways: 1. current certification as a Registered Polysomnographic Technologist (RPSGT) by the Board of Registered Polysomnographic Technologists; 2. documentation of the Sleep Disorders Specialist credential from the National Board of Respiratory Care (NBRC-SDS); or 3. a professional certification or credential approved by the Board from an organization or entity that meets the accreditation standards of the Institute for Credentialing Excellence belonging to the National Organization for Competency Assurance. In addition, they must provide primary-source evidence of current certification in Basic Cardiac Life Support (BCLS), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification. Also, it is no longer necessary to provide a notarized BCLS certificate as a copy will suffice.

Approval of Meeting Calendar

Raid Mohaidat voiced concern that there is a religious conflict with the time that the Advisory Board meetings are currently held. Some members are unable to attend meetings due to this conflict.

Following discussion, Ronnie Hayes moved to approve the dates scheduled for the Advisory Board on the 2022 meeting calendar and to change future meetings to start at 2:30 pm, instead of the current 1:00 p.m. Dr. Amir seconded the motion, and it carried.

Election of Officers

Ronnie Hayes moved that Dr. Amir continue as Chair. The motion was seconded by Raid Mohaidat. Raid Mohaidat moved that Ronnie Hayes continue as Vice-Chair. The motion was seconded by Dr. Amir. By unanimous vote, members approved the slate of officers presented.

Announcements:

Delores Cousins gave the licensing statistics report. The Board currently has 472 licensees total with 350 current active in Virginia and 122 out-of-state.

Next Scheduled Meeting:

The next scheduled meeting will be February 4, 2022 @ 2:30 p.m.

Adjournment

There being no other business, the meeting was adjourned at 2:13 p.m.

Abdul Amir, MD, Chair

William L. Harp, MD, Executive Director

Delores Cousins, Licensing Specialist

Agenda Items: Recommend periodic review result and potential regulatory changes to full Board

Included in your agenda package are:

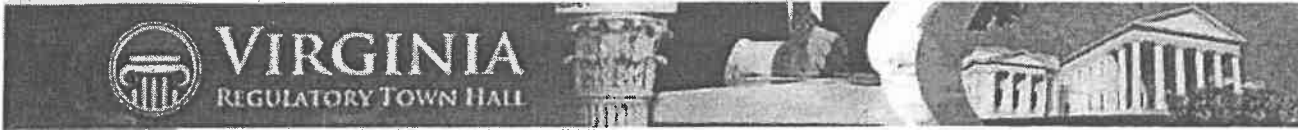
- Notice of periodic review
- Recommended revisions to Chapter 140

Action needed:

- Consider any additional changes needed
- Motion to recommend full Board retain and amend Chapter 140 with suggested amendments

Virginia.gov

Agencies | Governor



Agency Department of Health Professions

Board Board of Medicine

Chapter Regulations Governing the Practice of Polysomnographic Technologists [18 VAC 85 - 140]

Edit Review

Review 2155

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 6/16/2022

Review Announcement

Pursuant to Executive Order 14 (as amended July 16, 2018) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 14 (as amended July 16, 2018). http://TownHall.Virginia.Gov/EO-14.pdf.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information

Table with contact information for William L. Harp, M.D., Executive Director, including address, email, and telephone.

Publication Information and Public Comment Period

Published in the Virginia Register on 7/18/2022 [Volume: 38 Issue: 24]

Comment Period begins on the publication date and ends on 8/17/2022

Comments Received: 0

Review Result

Pending

8/31/22, 8:18 AM

Virginia Regulatory Town Hall View Periodic Review

Attorney General Certification

Pending

This periodic review was created by Erin Barrett on 06/16/2022 at 12:28pm

Commonwealth of Virginia



REGULATIONS

GOVERNING THE PRACTICE OF POLYSOMNOGRAPHIC TECHNOLOGISTS

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-140-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia*

Effective Date: March 5, 2020

9960 Mayland Drive, Suite 300
Henrico, VA 23233-2463

(804) 367-4600 (TEL)
(804) 527-4426 (FAX)
email: medbd@dhp.virginia.gov

TABLE OF CONTENTS

Part I General Provisions3
18VAC85-140-10. Definitions3
18VAC85-140-20. Public participation3
18VAC85-140-30. Current name and address3
18VAC85-140-40. Fees3
Part II Requirements for Licensure as a Polysomnographic Technologist4
18VAC85-140-45. Practice as a student or trainee4
18VAC85-140-50. Application requirements4
18VAC85-140-60. Licensure requirements5
Part III Renewal and Reinstatement5
18VAC85-140-70. Renewal of license5
18VAC85-140-80. Inactive license5
18VAC85-140-90. Reactivation or reinstatement6
18VAC85-140-100. Continuing education requirements6
Part IV Scope of Practice7
18VAC85-140-110. General responsibility7
18VAC85-140-120. Supervisory responsibilities8
Part V Standards of Professional Conduct8
18VAC85-140-130. Confidentiality8
18VAC85-140-140. Patient records8
18VAC85-140-150. Practitioner-patient communication; termination of relationship9
18VAC85-140-160. Practitioner responsibility10
18VAC85-140-170. Solicitation or remuneration in exchange for referral11
18VAC85-140-180. Sexual contact11
18VAC85-140-190. Refusal to provide information12

Part I General Provisions

18VAC85-140-10. Definitions.

A. The following word and term when used in this chapter shall have the meaning ascribed to it in § 54.1-2900 of the Code of Virginia:

"Board"

B. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2957.15 of the Code of Virginia:

"Polysomnographic technology"

"Practice of polysomnographic technology"

C. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a polysomnographic technologist within the 24-month period immediately preceding application for reinstatement or reactivation of licensure. The active practice of polysomnographic technology may include supervisory, administrative, educational, or consultative activities or responsibilities for the delivery of such services.

~~"Advisory board" means the Advisory Board on Polysomnographic Technology to the Board of Medicine as specified in § 54.1-2957.14 of the Code of Virginia.~~

Commented [VP1]: Not used

~~18VAC85-140-20. Public participation.~~

~~A separate board regulation, 18VAC85-11, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.~~

18VAC85-140-30. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when sent to the latest address of record provided or served to the licensee. Any change of name or change in the address of record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-140-40. Fees.

The following fees are required:

1. The application fee, payable at the time the application is filed, shall be \$130.

2. The biennial fee for renewal of active licensure shall be \$135 and for renewal of inactive licensure shall be \$70, payable in each odd-numbered year in the license holder's birth month. For 2021, the renewal fee for an active license shall be \$108, and the renewal fee for an inactive license shall be \$54.
3. The additional fee for late renewal of licensure within one renewal cycle shall be \$50.
4. The fee for reinstatement of a license that has lapsed for a period of two years or more shall be \$180 and must be submitted with an application for licensure reinstatement.
5. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.
6. The fee for a duplicate license shall be \$5.00, and the fee for a duplicate wall certificate shall be \$15.
7. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.
8. The fee for a letter of good standing or verification to another jurisdiction shall be \$10.

Part II
Requirements for Licensure as a Polysomnographic Technologist

18VAC85-140-45. Practice as a student or trainee.

A student enrolled in an educational program in polysomnographic technology or a person engaged in a traineeship is not required to hold a license to practice polysomnographic technology, provided that such student or trainee is under the direct supervision of a licensed polysomnographic technologist or a licensed doctor of medicine or osteopathic medicine.

1. Any such student or trainee shall be identified to patients as a student or trainee in polysomnographic technology.
2. Such student or trainee is required to have a license to practice after 18 months from the start of the educational program or traineeship or six months from the conclusion of such program or traineeship, whichever is earlier.

18VAC85-140-50. Application requirements.

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-140-40.
2. Verification of a professional credential in polysomnographic technology as required in 18VAC85-140-60.
3. Verification of practice as required on the application form.

4. If licensed or certified in any other jurisdiction, documentation of any disciplinary action taken or pending in that jurisdiction.

18VAC85-140-60. Licensure requirements.

A. An applicant for a license to practice as a polysomnographic technologist shall provide documentation of one of the following:

1. Current certification as a Registered Polysomnographic Technologist (RPSGT) by the Board of Registered Polysomnographic Technologists;
2. Documentation of the Sleep Disorders Specialist credential from the National Board of Respiratory Care (NBRC-SDS); or
3. A professional certification or credential approved by the board from an organization or entity that meets the accreditation standards of the Institute for Credentialing Excellence.

B. An applicant for licensure shall provide documentation of current certification in Basic Life Support for Health Care Providers with a hands-on practice training evaluation segment.

**Part III
Renewal and Reinstatement**

18VAC85-140-70. Renewal of license.

A. Every licensed polysomnographic technologist who intends to maintain an active license shall biennially renew his license each odd-numbered year during his birth month and shall:

1. Submit the prescribed renewal fee;
2. Attest to having current certification in Basic Life Support for Health Care Providers with a hands-on practice training evaluation segment; and
3. Attest to having met the continuing education requirements of 18VAC85-140-100.

B. The license of a polysomnographic technologist is lapsed if the license has not been renewed by the first day of the month following the month in which renewal is required. Practice with a lapsed license may be grounds for disciplinary action. A license that is lapsed for two years or less may be renewed by payment of the renewal fee and a late fee as prescribed in 18VAC85-140-40 and attestation of compliance with continuing education requirements and current Basic Life Support for Health Care Providers with a hands-on practice training evaluation segment certification.

18VAC85-140-80. Inactive license.

A licensed polysomnographic technologist who holds a current, unrestricted license in Virginia shall, upon a request at the time of renewal and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be entitled to perform any act requiring a license to practice polysomnographic technology in Virginia.

18VAC85-140-90. Reactivation or reinstatement.

A. To reactivate an inactive license or to reinstate a license that has been lapsed for more than two years, a polysomnographic technologist shall submit an attestation of current certification in Basic Life Support for Health Care Providers with a hands-on practice training evaluation segment and evidence of competency to return to active practice to include one of the following:

1. Information on continued active practice in another jurisdiction during the period in which the license has been inactive or lapsed;
2. Attestation of at least 10 hours of continuing education for each year in which the license has been inactive or lapsed, not to exceed three years; or
3. Recertification by passage of an examination for the Registered Polysomnographic Technologist (RPSGT), the Sleep Disorders Specialist credential from the National Board of Respiratory Care (NBRC-SDS), or other credential approved by the board for initial licensure.

B. To reactivate an inactive license, a polysomnographic technologist shall pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure.

C. To reinstate a license that has been lapsed for more than two years, a polysomnographic technologist shall file an application for reinstatement and pay the fee for reinstatement of his licensure as prescribed in 18VAC85-140-40. The board may specify additional requirements for reinstatement of a license so lapsed to include education, experience, or reexamination.

D. A polysomnographic technologist whose licensure has been revoked by the board and who wishes to be reinstated shall make a new application to the board, fulfill additional requirements as specified in the order from the board, and make payment of the fee for reinstatement of his licensure as prescribed in 18VAC85-140-40 pursuant to § 54.1-2408.2 of the Code of Virginia.

E. The board reserves the right to deny a request for reactivation or reinstatement to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-140-100. Continuing education requirements.

A. In order to renew an active license as a polysomnographic technologist, a licensee shall attest to having successfully completed 20 hours of continuing education in courses directly related to the practice of polysomnographic technology as approved and documented by a provider recognized by one of the following:

1. The Board of Registered Polysomnographic Technologists Education Advisory Board (BRPT-EAC);
2. The American Academy of Sleep Medicine (AASM);
3. The American Medical Association for Category 1 continuing medical education credit;

4. The American Association of Sleep Technologists (AAST);
5. The American Society of Electroneurodiagnostic Technologists, Inc. (ASET);
6. The American Association for Respiratory Care (AARC);
7. The American Nurses Association (ANA); or
8. The American College of Chest Physicians (ACCP).

B. Up to two continuing education hours may be satisfied through delivery of polysomnographic technology services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, the hours shall be approved and documented by the health department or free clinic.

C. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

D. The practitioner shall retain the completed form with all supporting documentation in his records for a period of four years following the renewal of an active license.

E. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

Part IV Scope of Practice

~~18VAC85-140-110. General responsibility.~~

~~A polysomnographic technologist shall engage in the practice of polysomnographic technology, as defined in § 54.1-2957.15 of the Code of Virginia, upon receipt of written or verbal orders from a qualified practitioner and under qualified medical direction. The practice of polysomnographic technology may include supervisory, administrative, educational, or consultative activities or responsibilities for the delivery of such services.~~

Commented [VP2]: This is all in code.

18VAC85-140-120. Supervisory responsibilities.

A. A polysomnographic technologist shall be responsible for supervision of unlicensed polysomnographic personnel who work under his direction and shall be ultimately responsible and accountable for patient care and outcomes under his clinical supervision.

B. Delegation to unlicensed polysomnographic personnel shall:

1. Not include delegation of the discretionary aspects of the initial assessment, evaluation, or development of a treatment plan for a patient nor shall it include any task requiring a clinical decision or the knowledge, skills, and judgment of a licensed polysomnographic technologist.

2. Only be made if, in the judgment of the polysomnographic technologist, the task or procedures do not require the exercise of professional judgment, can be properly and safely performed by appropriately trained unlicensed personnel, and the delegation does not jeopardize the health or safety of the patient.

3. Be communicated on a patient-specific basis with clear, specific instructions for performance of activities, potential complications, and expected results.

C. The frequency, methods, and content of supervision are dependent on the complexity of patient needs, number and diversity of patients, demonstrated competency and experience of the unlicensed personnel, and the type and requirements of the practice setting.

D. The polysomnographic technologist providing clinical supervision shall routinely meet with any unlicensed personnel to review and evaluate patient care and treatment.

E. The polysomnographic technologist shall review notes on patient care entered by unlicensed personnel prior to reporting study results to the supervising physician and shall, by some method, document in a patient record that such a review has occurred.

**Part V
Standards of Professional Conduct**

18VAC85-140-130. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-140-140. Patient records.

A. A practitioner shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

B. A practitioner shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. A practitioner shall properly manage and keep timely, accurate, legible, and complete patient records.

D. A practitioner who is employed by a health care institution or other entity in which the individual practitioner does not own or maintain his own records shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. A practitioner who is self-employed or employed by an entity in which the individual practitioner owns and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 years or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. Post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

~~3. When closing, selling, or relocating his practice, meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.~~

18VAC85-140-150. Practitioner-patient communication; termination of relationship.

A. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

~~2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure provided or directed by the practitioner in the treatment of any disease or condition.~~

3. Before an invasive procedure is performed, informed consent shall be obtained from the patient in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent practitioner practicing polysomnographic technology in Virginia would tell a patient.

Commented [MPS]: To polysom techs perform invasive procedures? If no then this should all be removed.

a. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

b. An exception to the requirement for consent prior to performance of an invasive procedure may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient.

c. For the purposes of this provision, "invasive procedure" means any diagnostic or therapeutic procedure performed on a patient that is not part of routine, general care and for which the usual practice within the health care entity is to document specific informed consent from the patient or surrogate decision maker prior to proceeding.

4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

B. ~~Termination~~ of the practitioner-patient relationship.

Commented [VP4]: Does this apply? Aren't polysomn techs working with MDEs and not in a shop by themselves?

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-140-160. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner-patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in subdivision A 3 of this section.

~~18VAC85-140-170. Solicitation or remuneration in exchange for referral~~

~~A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility or institution as defined in § 37.2-100 of the Code of Virginia or hospital as defined in § 32.1-123 of the Code of Virginia.~~

~~"Remuneration" means compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320 a-7b(b), as amended, or any regulations promulgated thereto.~~

18VAC85-140-180. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, "sexual contact" includes but is not limited to sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs within the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the practitioner-patient relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient neither changes the nature of the conduct nor negates the statutory prohibition.

C. Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, "key third party of a patient" means spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the

professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-140-190. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

Chapter 29 of Title 54.1 of the Code of Virginia
Medicine

§ 54.1-2957.14. Advisory Board on Polysomnographic Technology; appointment; terms; duties.

A. The Advisory Board on Polysomnographic Technology shall assist the Board in carrying out the provisions of this chapter regarding the qualifications, examination, and regulation of licensed polysomnographic technologists.

The Advisory Board shall consist of five members appointed by the Governor for four-year terms. Three members shall be at the time of appointment polysomnographic technologists who have practiced for not less than three years, one member shall be a physician who specializes in the practice of sleep medicine and is licensed to practice medicine in the Commonwealth, and one member shall be appointed by the Governor from the Commonwealth at large.

Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two consecutive terms.

B. The Advisory Board shall, under the authority of the Board, recommend to the Board for its enactment into regulation the criteria for licensure as a polysomnographic technologist and the standards of professional conduct for holders of polysomnographic licenses.

The Advisory Board shall also assist in such other matters dealing with polysomnographic technology as the Board may in its discretion direct.

(2010, c. 838.)

§ 54.1-2957.15. Unlawful to practice as a polysomnographic technologist without a license.

A. It shall be unlawful for any person not holding a current and valid license from the Board of Medicine to practice as a polysomnographic technologist or to assume the title "licensed polysomnographic technologist," "polysomnographic technologist," or "licensed sleep tech."

B. Nothing in this section shall be construed to prohibit a health care provider licensed pursuant to this title from engaging in the full scope of practice for which he is licensed, including, but not limited to, respiratory care professionals.

C. Nothing in this section shall be construed to prohibit a student enrolled in an educational program in polysomnographic technology or a person engaged in a traineeship from the practice of polysomnographic technology, provided that such student or trainee is under the direct supervision of a licensed polysomnographic technologist or a licensed doctor of medicine or osteopathic medicine. Any such student or trainee shall be identified to patients as a student or trainee in polysomnographic technology. However, any such student or trainee shall be required to have a license to practice after 18 months from the start of the educational program or traineeship or six months from the conclusion of such program or traineeship, whichever is earlier.

D. For the purposes of this chapter, unless the context requires otherwise:

"Polysomnographic technology" means the process of analyzing, scoring, attended monitoring, and recording of physiologic data during sleep and wakefulness to assist in the clinical assessment and diagnosis of sleep/wake disorders and other disorders, syndromes, and dysfunctions that either are sleep related, manifest during sleep, or disrupt normal sleep/wake cycles and activities.

"Practice of polysomnographic technology" means the professional services practiced in any setting under the direction and supervision of a licensed physician involving the monitoring, testing, and treatment of individuals suffering from any sleep disorder. Other procedures include but are not limited to:

a. Application of electrodes and apparatus necessary to monitor and evaluate sleep disturbances, including application of devices that allow a physician to diagnose and treat sleep disorders, which disorders include but shall not be limited to insomnia, sleep-related breathing disorders, movement disorders, disorders of excessive somnolence, and parasomnias;

b. Under the direction of a physician, institution and evaluation of the effectiveness of therapeutic modalities and procedures including the therapeutic use of oxygen and positive airway pressure (PAP) devices, such as continuous positive airway pressure (CPAP) and bi-level positive airway pressure of non-ventilated patients;

c. Initiation of cardiopulmonary resuscitation, maintenance of patient's airway (which does not include endotracheal intubation);

d. Transcription and implementation of physician orders pertaining to the practice of polysomnographic technology;

e. Initiation of treatment changes and testing techniques required for the implementation of polysomnographic protocols under the direction and supervision of a licensed physician; and

f. Education of patients and their families on the procedures and treatments used during polysomnographic technology or any equipment or procedure used for the treatment of any sleep disorder.

2010, c. 838; 2018, c. 98.

Agenda Item: Bylaws for all Advisory Boards

Included in your agenda package are:

- ❖ Copy of Approved Guidance Document 85-3

Action Needed:

- None

**BYLAWS FOR
ADVISORY BOARDS OF THE BOARD OF MEDICINE**

Article I - Members of the Advisory Board

The appointments and limitations of service of the members shall be in accordance with the applicable statutory provision of the advisory board governing such matters.

Article II - Officers

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chairman and vice-chairman elected by the advisory board. The Executive Director of the Board of Medicine shall serve in an advisory capacity.

Section 2. Terms of Office - The chairman and vice-chairman shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

Section 3. Duties of Officers

- (a) The chairman shall preside at all meetings when present, make such suggestions as may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chairman shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members. The chairman shall appoint all committees as needed.

The chairman shall act as liaison between the advisory board and the Board of Medicine on matters pertaining to licensing, discipline, legislation and regulation of the profession which the advisory board represents.

When a committee is appointed for any purpose, the chairman shall notify each member of the appointment and furnish any essential documents or information necessary.

- (b) The vice-chairman shall preside at meetings in the absence of the chairman and shall take over the other duties of the chairman as may be made necessary by the absence of the chairman.

Article III - Meetings

Section 1. There shall be at least one meeting each year in order to elect the chairman and vice-chairman and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of Business - The order of business shall be as follows:

- (a) Calling roll and recording names of members present
- (b) Approval of minutes of preceding regular and special meetings
- (c) Adoption of Agenda
- (d) Public Comment Period
- (e) Report of Officers
- (f) Old Business
- (g) New Business

The order of business may be changed at any meeting by a majority vote.

Article IV - Amendments

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that advisory board meeting, it shall be represented as a recommendation for consideration to the Board of Medicine at its next regular meeting.

2023 Board Meeting Dates

Advisory Board on:

Behavioral Analysts			10:00 a.m.
Mon - February 6	June 12	October 2	
Genetic Counseling			1:00 p.m.
Mon - February 6	June 12	October 2	
Occupational Therapy			10:00 a.m.
Tue - February 7	June 13	October 3	
Respiratory Care			1:00 p.m.
Tue - February 7	June 13	October 3	
Acupuncture			10:00 a.m.
Wed - February 8	June 14	October 4	
Radiological Technology			1:00 p.m.
Wed - February 8	June 14	October 4	
Athletic Training			10:00 a.m.
Thurs - February 9	June 15	October 5	
Physician Assistants			1:00 p.m.
Thurs - February 9	June 15	October 5	
Midwifery			10:00 a.m.
Fri - February 10	June 16	October 6	
Polysomnographic Technology			2:30 p.m.
Fri - February 10	June 16	October 6	
Surgical Assisting			10:00 a.m.
Mon – February 13	Tue - June 20	Tue - October 10	