



American Academy of Sleep Medicine

American Academy of Dental Sleep Medicine



FINAL DECEMBER 7, 2012

POLICY STATEMENT ON THE DIAGNOSIS AND TREATMENT OF OBSTRUCTIVE SLEEP APNEA

The American Academy of Sleep Medicine (AASM) and the American Academy of Dental Sleep Medicine (AADSM) are committed to the highest standards for sleep medicine care and ensuring patients receive quality care for obstructive sleep apnea (OSA).

OSA is a highly prevalent syndrome associated with deleterious medical conditions such as hypertension, stroke and congestive heart failure as well as health concerns such as increased motor vehicle accidents and impaired quality of life¹; it is classified as a medical disorder.

The Diagnosis of Obstructive Sleep Apnea

It is the policy of the AASM and AADSM that patients presenting with symptoms of OSA require a face-to-face evaluation conducted by a qualified physician trained in sleep medicine.

The AASM defines a qualified physician trained in sleep medicine as one who is licensed by a state to practice medicine and maintains certification from the American Board of Sleep Medicine or one of the sponsoring sleep medicine boards of the American Board of Medical Specialties.

Treatment Therapies for Obstructive Sleep Apnea

Therapies for OSA, including positive airway pressure (PAP) and oral appliance therapy (OAT), must be prescribed by a qualified physician as described above.

Dentists who have a valid state license to practice dentistry are considered legally qualified to treat patients with OAT in the state(s) where they hold the license.

It is the opinion of the AADSM that oral appliances should be fit by a qualified dentist with training and experience in the temporomandibular joint, dental occlusion, and associated oral structures,ⁱⁱ and dentists who provide OAT as a treatment for OSA must practice within their scope of practice according to the dental practice law in the state in which they are licensed. Dentists are encouraged to follow current AASM Practice Parameters and Clinical Guidelines and current AADSM Treatment Protocols for OAT.

Furthermore, the AADSM encourages dentists providing OAT to complete at least 30 hours of relevant continuing education every three years, of which up to 10 credits may be AMA PRA Category 1 Credits™ in sleep medicine and the remaining credits should be in dental sleep medicine from ADA CERP recognized or AGD PACE approved providers. The AADSM encourages all licensed dentists currently treating OSA with OAT to pursue dental sleep medicine facility accreditation from the AADSM and certification from the American Board of Dental Sleep Medicine (ABDSM) by Jan. 1, 2018.

Medical and Dental Licensing Laws and Practice Acts

The practice of medicine is governed by state licensing laws, which are commonly referred to as enabling laws. Enabling laws have a corresponding practice act, which governs the practice of medicine in the respective state; without this act any individual, regardless of qualifications, can practice medicine without restriction or penalty. The practice act also

defines the scope and limits of practice for physicians. Because medicine is an ever-changing field, each practice act expires within a set period of time, which enables the state legislature to ensure that the respective laws are reflective of current medical practice.

Common provisions addressed by a practice act include but are not limited to:

- Provides for the delegation of patient care services to other professionals practicing within the scope of their license
- Outlines requirements for collaboration between physicians or dentists with other professionals
- Prohibits fee splitting
- Specifies limits for advertising
- Specifies requirements for continuing medical education and fitness for licensure
- Outlines terms of each license and conditions for renewal
- Specifies penalties for practicing medicine without a license or beyond the scope of license
- Outlines disciplinary action that can be taken including restriction, suspension or revocation of license

All medical practice acts restrict the diagnosis of a medical disease or disorder to a licensed physician. An individual who is not licensed in medicine yet diagnoses a medical disease or disorder is subject to civil and criminal law.

Medical practice laws and practice acts, however, do not include provisions for the performance of any dental operation.

Similar to medicine, licensing laws and practice acts for dentists include scope of practice and provisions for care.

Dental practice acts specify common provision that the performance of any dental operation upon the oral cavity, teeth or associated structure as well as the construction and fit of any appliance used in the oral cavity is under the purview of a licensed dentist.

Common provisions addressed by a dental practice act include but are not limited to:

- Provides for the delegation of patient care services to other professionals practicing within the scope of their license
- Specifies requirements for continuing medical education and fitness for licensure
- Outlines terms of each license and conditions for renewal
- Specifies penalties for practicing dentistry without a license or beyond the scope of license
- Outlines disciplinary action that can be taken including restriction, suspension or revocation of license
- Outlines the dentist's purview to take dental impressions for patients

Dental licensing laws and practice acts, however, do not include provisions for the diagnosis of medical diseases and disorders or the treatment of diseases by dentists without a prescription from a board certified physician. An individual who is not licensed in dentistry yet provides therapy related to the oral cavity is subject to civil and criminal law.

i Luyster FS; Strollo PJ; Zee PC; Walsh JK. Sleep: a health imperative. *SLEEP* 2012;35(6):727-734.

ii Kushida CA; Morgenthaler TI; Littner MR et al. Practice parameters for the treatment of snoring and obstructive sleep apnea with oral appliances: An Update for 2005. *SLEEP* 2006;29(2): 240-243.