

Rule I. Definitions

(Amended December 2, 2002; Amended and Re-numbered November 2, 2011, Effective December 30, 2011; Amended January 22, 2015, Effective March 30, 2015; Amended April 28, 2016, Effective June 30, 2016; Amended XXXXX, Effective XXXXX)

- I. "Obstructive sleep apnea" as used in Rule XXVI is a sleep disorder that involves cessation or significant decrease in airflow in the presence of breathing effort. It is the most common type of sleep-disordered breathing and is characterized by recurrent episodes of upper airway collapse during sleep. These episodes are associated with recurrent oxyhemoglobin desaturations and arousals from sleep.

Rule XXVI. Obstructive Sleep Apnea

(Adopted XXXXX, Effective XXXXX)

- A. Obstructive sleep apnea (OSA) is a medical condition and a dentist shall not diagnose and/or independently treat OSA as defined pursuant to Rule I(I) unless he/she is also licensed as a physician.
 1. A dentist may screen for sleep apnea utilizing tools recommended by the American Academy of Sleep Medicine and/or the American Academy of Dental Sleep Medicine.
 2. Home sleep test (HST) or home sleep apnea test (HSAT) devices and polysomnography are diagnostic tools that may be dispensed by a dentist but may only be ordered and interpreted by the patient's physician. A dentist shall not independently determine which testing devices are most appropriate for each patient, prescribe such devices for testing the patient, interpret the results, and/or develop a course of treatment pursuant to test results.
- B. A dentist may fabricate an oral appliance for treatment of OSA only if a physician has prescribed oral appliance therapy, unless he/she is also licensed as a physician.
 1. A dentist shall administer oral appliance therapy by creating the oral appliance to address the patient's sleep apnea according to the appropriate standard of care.
 2. A dentist shall also provide follow up and oversight care to the patient utilizing the oral appliance to ensure that dental related side effects and necessary occlusal changes are addressed appropriately.
- C. A dentist who treats OSA, as described above and is not also licensed as a physician, shall successfully complete education and training in compliance with the requirements of Rule III(G)(5) as follows:
 1. During the first year of treating OSA, a minimum of 12 hours of basic education, both didactic and clinical, in sleep-disordered breathing; and
 2. For each subsequent year, at least 3 hours of continuing education in sleep-disordered breathing.
- D. A dentist shall inform and collaborate with the prescribing physician regarding ongoing treatment of each OSA patient, and to discuss and determine overall efficacy of oral appliance therapy.

- E. Nothing in this rule shall prevent a dentist from treating a patient with snoring in the absence of obstructive sleep apnea, including the need for oral appliances.
- F. Nothing in this rule shall prevent a dentist from treating a patient according to the standard of care for orthodontia. However, should the dentist that is appropriately educated, trained, and experienced to practice orthodontia determine that a patient may have obstructive sleep apnea; the patient should be referred for evaluation by a physician (to rule out sleep apnea).
- G. Nothing in this rule shall prevent a dentist from providing oral and maxillofacial surgical treatment to a patient with obstructive sleep apnea in accordance with the current American Association of Oral & Maxillofacial Surgeons (AAOMS) parameters of care provided that the dentist is appropriately educated, trained, and experienced in the surgical procedures used in the treatment of obstructive sleep apnea.

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