The AASM is committed to protecting sleep health and promoting high quality patient care through Advocacy, Education, Strategic Research and Practice Standards. These activities are executed for the benefit of all who practice sleep medicine or conduct sleep research and are funded by our membership. Our ultimate goal as a professional medical society is to promote optimal health for patients and the public. This is reflected in the AASM vision statement: Achieving optimal health through better sleep. To achieve the lofty goal expressed by our vision, we empower sleep medicine professionals to thrive in a changing health care system. The AASM mission statement summarizes these points of emphasis: The AASM improves sleep health and promotes high quality patient centered care through advocacy, education, strategic research, and practice standards.

Read the complete report of the president from Dr. Timothy Morgenthaler presented during SLEEP 2015.

ADVOCACY

Telemedicine: Medicare Telehealth Parity Act introduced in U.S. House
On Tuesday, July 7, the Medicare Telehealth Parity Act of 2015 (H.R. 2948) was introduced in the House of Representatives by U.S. Representatives Mike Thompson (D-CA), Gregg Harper (R-MS), Diane Black (R-TN) and Peter Welch (D-VT). According to a press release from the office of Rep. Thompson, the bipartisan legislation would provide for an incremental expansion of coverage for telehealth services under Medicare by putting them on the path toward parity with in-person health care visits. Among other provisions, the legislation would remove the geographic barriers under current law and allow the provision of telehealth services in rural, underserved and metropolitan areas. The legislation has been referred to the House Energy and Commerce Committee and the House Committee on Ways and Means.
**MOC Update: ABIM eliminates requirement for underlying certification**

On July 1, 2015, the American Board of Internal Medicine (ABIM) announced that diplomates certified in sleep medicine will no longer need to maintain underlying certification in internal medicine or another ABIM subspecialty in order to remain certified in sleep medicine. The new policy, which goes into effect on Jan. 1, 2016, also removes requirements of underlying certification for eight other subspecialties. All ABIM diplomates will be able to choose the certifications they wish to maintain.

The announcement follows nearly a year of advocacy by the American Academy of Sleep Medicine (AASM), which conveyed several concerns about the Maintenance of Certification (MOC) program in an August 2014 letter to the ABIM. The American Board of Internal Medicine (ABIM) announced that its diplomates who are certified in a subspecialty will no longer need to maintain underlying certification. This positive change was welcome news for the 3,600 internists who are certified in sleep medicine, and it was a hopeful sign for many of the rest of us.

In a recent letter of thanks to the ABIM, I expressed my hope that their action will set a precedent for other sleep medicine boards to follow. To make sure that this issue is on the agenda, I then sent letters to the American Board of Psychiatry and Neurology (ABPN) and the American Board of Family Medicine (ABFM) requesting that they take similar action. Of the six ABMS member boards that offer sleep medicine certification, only the ABPN and the ABFM continue to require sleep specialists to maintain underlying certification.

I believe that this requirement is an unnecessary burden for sleep medicine physicians. It also doesn’t reflect the specialization of many sleep medicine practices today. Ultimately, physicians should be afforded the flexibility to maintain those certifications that are most relevant to their individual practice.

I look forward to keeping you updated on this and other relevant issues during my term as your president. As the professional society for the sleep field, the AASM will continue to advocate for all of our members.

Sincerely,
Nathaniel F. Watson, MD, MSc
President

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**MOC: Engaging the ABPN and ABFM**

A Letter from President Nathaniel Watson, MD

As a sleep specialist who is certified through the American Board of Psychiatry and Neurology (ABPN), I share the concerns that many of you have about the Maintenance of Certification (MOC) program that is implemented by the member boards of the American Board of Medical Specialties (ABMS).

Recently the American Board of Internal Medicine (ABIM) announced that its diplomates who are certified in a subspecialty will no longer need to maintain underlying certification. This positive change was welcome news for the 3,600 internists who are certified in sleep medicine, and it was a hopeful sign for many of the rest of us.

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Sincerely,
Nathaniel F. Watson, MD, MSc
President

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**Scoring Manual: Update Includes New Infant Sleep Staging and Home Sleep Apnea Testing Rules**

On July 1, 2015, the American Academy of Sleep Medicine (AASM) released Version 2.2 of the AASM Manual for the Scoring of Sleep and Associated Events, the definitive reference for standardized sleep monitoring and scoring.
Based on the recommendations of the AASM Scoring Manual Committee, the AASM Board of Directors has approved the addition of two new sections in Version 2.2:

- Sleep Staging Rules for Infants
- Home Sleep Apnea Testing (HSAT) Rules for Adults

These new rules represent significant changes that also incorporate key terminology and definitions with which sleep clinicians and technologists must become familiar, including monitoring time (MT) and respiratory event index (REI). All AASM accredited sleep facilities and HSAT programs are required to implement the new rules in Version 2.2 by October 1, 2015.

Learn more and purchase your subscription
Read the summary of updates in version 2.2
Go to the AASM Scoring Manual page

STRATEGIC RESEARCH

AASM and SRS Publish New Sleep Duration Consensus Statement
Across the country media outlets have been reporting on the recommended amount of sleep for a healthy adult, based on the joint consensus statement from the American Academy of Sleep Medicine and Sleep Research Society that was published in the June issues of SLEEP and the Journal of Clinical Sleep Medicine. The statement recommends that adults aged 18 to 60 years should sleep 7 or more hours per night on a regular basis to promote optimal health and reduce the risk of adverse health outcomes.

CNN, TODAY, Forbes and the Seattle Times are among the many news outlets that have been covering the story:
- CNN: Sleep or die -- growing body of research warns of heart attacks, strokes
- TODAY: Sleep well, live well: Here's how much you really need each night
- Forbes: Sleep: A Consensus Emerges About How Much
- Seattle Times: Snooze away: Adults need 7 hours of sleep a night, new guidelines say

AASM President Dr. Nathaniel Watson, consensus conference panel moderator, also discussed the new recommendation on the radio with KUOW 94.9 FM in Seattle (You Can't Get Enough Of Sleep, UW Study Shows).

Read the statement: Recommended Amount of Sleep for a Healthy Adult: A Joint Consensus Statement of the American Academy of Sleep Medicine and Sleep Research Society

PRACTICE STANDARDS

NEW Oral Appliance Therapy Clinical Guideline Published Jointly by AASM and AADSM
The American Academy of Sleep Medicine (AASM) and the American Academy of Dental Sleep Medicine (AADSM) have published a new clinical practice guideline for oral appliance therapy, which updates the practice parameters that the AASM published in 2006. The guideline recommends that sleep physicians consider prescription of oral appliances for adult patients with obstructive sleep apnea (OSA) who are intolerant of CPAP therapy or prefer alternate therapy, and it suggests that oral appliance therapy be provided by a qualified dentist using a custom, titratable appliance.

The guideline notes that CPAP therapy should still generally be the first-line option for treating OSA because it is superior in improving oxygen saturation and reducing the apnea-hypopnea index (AHI) and arousal index. The guideline also recommends that sleep physicians prescribe oral appliances for adult patients who request treatment of primary snoring, emphasizing that diagnosis of primary snoring should be rendered by a sleep physician and not a dentist since snoring is a cardinal symptom of OSA.

The guideline is published in the July issues of the Journal of Clinical Sleep Medicine and the Journal of Dental Sleep Medicine.

Read the guideline: Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance Therapy: An Update for 2015
Read the press release: AASM and AADSM issue new joint clinical practice guideline for oral appliance therapy

PRACTICE MANAGEMENT
Medicare Physician Payment Data Release: What You Need to Know
The Centers for Medicare & Medicaid Services (CMS) has posted the second Part B claims data release on its data website. CMS released 2012 claims data last spring as part of an effort to increase transparency. The data released on June 1, 2015 includes Medicare Part B claims data for services provided in 2013. In addition to a large file containing all 2013 data, CMS has included aggregate files summarizing total payments made to each physician.

What you need to know: You may be asked about this data. Patients and the media have access to the data, and a number of articles about the data release have been published in major news outlets including the Wall Street Journal, USA Today and the New York Times. It is therefore important that you review your data in order to be able to accurately respond to questions. Physicians who receive media requests regarding the data release may refer the requestor to the AASM for more information (media@aasmnet.org)
The data does not separate practice revenue. Payments made to physicians often include practice expense costs, which are used to cover staff salaries, office expenses, medical equipment and supplies. It is important to understand that the amount of money a physician receives from Medicare is not personal income for that physician. This fact should be clarified when speaking to patients about the data release.

This year, CMS separately identified payments made to physicians for drug costs. CMS was criticized for its data release in 2014, which did not distinguish payments made for high cost drugs such as chemotherapy.

CMS plans to continue releasing this data on an annual basis. The data releases are two years behind, meaning that this time next year we will see a release of 2014 Medicare data.

CALENDAR OF EVENTS

2015 Board Review Course
September 11–13, 2015
Hilton Riverside New Orleans
New Orleans, LA
View Course Description

Sleep Medicine Final Board Prep Course
October 3, 2015
AASM National Office
2510 North Frontage Road
Darien, IL 60561
View Course Description

SLEEP 2016
Denver, CO
June 11–15, 2016
Save the date!

Thank you!
Your member dues helped fund these important initiatives. Thank you for your support, and we appreciate your continued involvement.