



**COLORADO**

Department of  
Regulatory Agencies

Division of Professions and Occupations



## **Colorado State Medical Board and Colorado State Dental Board**

### **Joint Work Group Regarding Sleep Apnea**

**WILL MEET ON**

**Tuesday, September 19, 2017 at 12:00 noon - 2:00 p.m.**

**At the Following Location**

**1560 Broadway, Room 110D, Denver, CO 80202**

The purpose of this meeting is for the Colorado State Medical Board and the Colorado State Dental Board joint workgroup to evaluate, discuss and possibly modify the attached document for suggested revisions to the Dental Board's proposed rule/policy regarding sleep apnea and to determine next steps and timeframe to reach a resolution of this matter.

Stakeholders are welcome to attend and observe but public comment will not be taken at this time. You may attend in person on Tuesday, September 19, 2017 at 12:00 pm at 1560 Broadway, Room 110D, Denver, CO 80202. Alternatively, you may join the discussion via webinar by registering at:

<https://attendee.gotowebinar.com/register/2568592588575743746>

#### **What if I need additional Information?**

If you have any questions or concerns about the meeting, please contact the Colorado Medical Board at [dora\\_medicalboard@state.co.us](mailto:dora_medicalboard@state.co.us). Additional information will be posted on the Colorado Medical Board website, should such information become available prior to the meeting.

*\* After registering, you will receive a confirmation email containing information about joining the webinar.*

## Proposed Revisions to Policy or Rule Regarding Obstructive Sleep Apnea

### Definitions

- I. "Obstructive sleep apnea" ("OSA") as used in [this document](#) 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, ~~autonomic and~~ arousals from sleep, ~~cognitive deficits such as excessive daytime somnolence, and increased risk for adverse cardiovascular and cerebrovascular events.~~ While sleep apnea is the most common sleep disorder, there are a number of other sleep disorders.

### POSSIBLE LANGUAGE IF THIS BECOMES A POLICY RATHER THAN A RULE:

It is the position of the Colorado State Dental Board that a dentist's role involving the diagnosis care and treatment of obstructive sleep apnea should include the following: [OR It is the position of the Colorado State Dental Board that a failure to comply with these guidelines constitutes (or may constitute) unprofessional conduct.]

### Obstructive Sleep Apnea

- A. Obstructive sleep apnea (OSA) is a medical condition and a dentist shall not diagnose and/or independently treat OSA as defined ~~above pursuant to Rule 1(4)~~ unless he/she is also licensed as a qualified medical provider, as it is important to manage the entire syndrome in order to minimize the consequences to a patient's health involving persistent cognitive impairment, and cardiovascular, cerebrovascular and other risks.
  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. 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. A dentist shall refer the patient to the patient's qualified provider who will prescribe oral appliance therapy when appropriate.
  2. Home sleep test (HST) or home sleep apnea test (HSAT) devices are diagnostic tools that shall only be ordered and interpreted by the patient's qualified medical provider but may be dispensed by a dentist. ~~may be dispensed by a dentist but may only be ordered and interpreted by the patient's qualified medical provider.~~  
~~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 qualified medical provider has prescribed oral appliance therapy, unless he/she is also licensed as a qualified medical provider.
  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 are addressed appropriately.

3. A dentist shall inform and collaborate with the prescribing qualified medical provider regarding ongoing treatment of each OSA patient, and to discuss and determine overall efficacy of oral appliance therapy [and when appropriate, to discuss the need for alternative therapy](#). The use of unattended cardiorespiratory (Type 3) or (Type 4) portable monitors may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of these portable monitoring devices may assess the objective interim results for the purposes of oral appliance titration. **An interim testing result is not a substitute for follow-up with a qualified medical provider to assess overall efficacy of the oral appliance therapy.**
- C. A dentist who treats OSA, as described above and is not also licensed as a qualified medical provider, 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, including the fabrication and titration of an oral appliance; and
    2. For each subsequent 2-year licensure renewal period, a minimum of 6 hours of continuing education in sleep-disordered breathing.
  - D. Nothing in this [rule document](#) shall prevent a dentist from treating a patient diagnosed with snoring in the confirmed absence of obstructive sleep apnea [or other clinically significant sleep disorder breathing diagnosis](#) by a qualified medical provider, including the need for oral appliances.
  - E. Nothing in this [rule document](#) shall prevent a dentist from treating a pediatric patient (with potential for growth modification) within the standard of care of orthodontia. If a dentist determined through history and clinical examination there were signs and symptoms of deficient growth and development, or other risk factors that may lead to airway issues, intervention through medical/dental referral or evidenced based treatment may be appropriate to help treat the sleep related breathing disorder and/or develop an optimal physiologic airway and breathing pattern.
  - F. Nothing in this [rule document](#) 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.