

VOLUME 9—NO. 3  
SUMMER 2002

# AASM BULLETIN

THE BULLETIN OF THE AMERICAN ACADEMY OF SLEEP MEDICINE

## Young Investigators Recognized at APSS

Academy Leadership for 2002-2003

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Trip to Washington Pays Off for Sleep

National Office Transition to Westchester, Ill.

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## EDITOR'S NOTES

It is great honor to serve as your Editor of the AASM Bulletin for the coming year. Almost twenty years ago the Academy was founded; dedicated to fulfilling the dream that one day Sleep Medicine would be widely recognized as an independent area of

medical specialty practice. Today, we stand on the threshold of fulfilling that dream.

In his President's Perspective, Dr. Andrew Chesson provides an update on the current status of the Academy's application to the Accreditation Council on Graduate Medical Education (ACGME) to establish one year fellowship training programs in Sleep Medicine. He also informs us of progress toward obtaining board recognition under the American Board of Medical Specialties (ABMS).

These developments, along with Academy's move to Chicago (see article page 16), have contributed to the excitement that we all feel as we witness the field of Sleep Medicine growing and achieving recognition. We thank all of the outstanding and dedicated staff who have moved with us to Chicago as well as the many talented individuals who contributed to the success of the Academy but were unable to leave Rochester, Minn.

Everyone I talked with who attended the APSS meeting in Seattle had a great time. The science presented was spectacular, the weather and convention center splendid, and with a Starbucks on every corner who couldn't have been stimulated by our meeting. Highlights of the 16th Annual APSS Meeting can be found on pages 23-25 along with information on the talented group of Young Investigators (pages 26-30) who have and will continue to contribute to the growth of our field.

My most enjoyable responsibility as your president at the meeting was the opportunity to recognize and present our Academy's Service Awards to Drs. Thomas Hobbins, Charles Czeisler and Richard Ferber (see pages 21-22).

While our dreams (goals) for the future of Sleep Medicine provide inspiration and direction, they are both complex and comprehensive. All of us contribute to the fulfillment of these goals often without even recognizing it.

Every scientist who works to design, conduct and publish the science, on which the field of Sleep Medicine is based, contributes. Every educator who reads, synthesizes and organizes existing information into a format for effectively teaching our students, colleagues and the general public about sleep, contributes. Every clinician who listens carefully, accurately diagnoses and effectively treats sleep disorders in their patients, contributes. Every student who reads, listens, asks questions, and seeks answers to questions about sleep, contributes.

In reality, it is the daily activity that each of us undertakes TO ADVANCE SLEEP MEDICINE AND IMPROVE SLEEP HEALTH that helps fulfill our dreams. Continue contributing and feel free to send me your comments and suggestions for topics to be included in future issues of the Bulletin.

John W. Shepard, Jr., M.D.  
Editor-In-Chief

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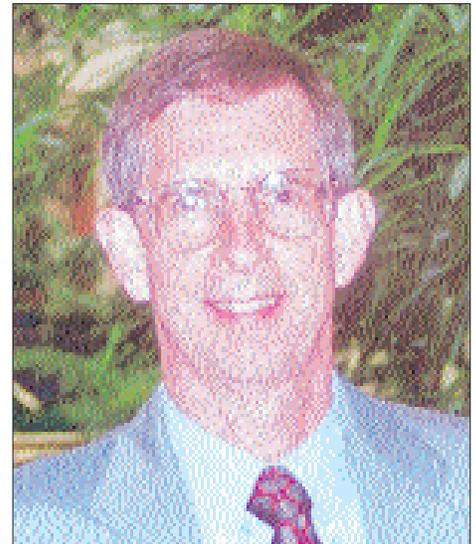
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# PRESIDENT'S PERSPECTIVE

By Andrew L. Chesson, Jr., M.D.  
AASM President



As I write my first President's Perspective for the Bulletin, I wish to express my appreciation for the honor of having been elected to serve this year as President of the American Academy of Sleep Medicine. One has only to look at the accomplishments and growth of the AASM in recent years and the stature of the past presidents to realize the significance of the job which you, the members, have entrusted to me. I will try to continue to serve the AASM to the best of my ability in this new capacity. I believe that we are well on our way to this being an exciting year, culminating at the Chicago APSS meetings in June that, as part of its theme, will be celebrating the 50th anniversary of the discovery of REM sleep.

The following is a report to you concerning highlights of some of the Association's recent activities.

## BOARD EXPANSION

As approved by the recent membership ballot, we have expanded the Board of Directors to better serve the membership. The recently elected members include: Lawrence J. Epstein, MD and Michael J. Sateia, MD.

## THE MOVE TO CHICAGO

The AASM office is now located in Chicago, closer to other medical societies and governmental and regulatory agencies (with whom we will be closely interacting in the near future as noted in the following sections). Due to the outstanding leadership of our Executive Director, Jerry Barrett, and our office staff, the move was amazingly smooth and nearly seamless. Immediately after our staff had so ably run the APSS

meeting, the office was boxed, crated, shipped, and reassembled over the Fourth of July week. Moved and/or installed were 186,000 pounds of materials. All phone, internet, and computer facilities were shut down and reinstalled, and the AASM, SRS, APSS, Journal Sleep, ABSM, ADSM, WSRS are assembled and now in one place, an impressive feat for the personnel involved. As a reminder, the new address is: **One Westbrook Corporate Center, Suite 920, Westchester, IL 60154, (708) 492-0930, FAX: (708) 492-0943**

## STRATEGIC PLAN

The AASM five-year Strategic Plan is in place. Multiple committees worked in almost innumerable meetings to establish, develop, and initiate this plan. I had the opportunity to chair the steering committee, and it was a real pleasure to work with such a dedicated, hard-working group who developed and submitted recommendations to the Board of Directors, who in turn, spent literally days at several meetings putting it all together. The plan will be accessible for all members on the web in early August. I encourage you to review it. Each committee has already been asked to review the plan, particularly their related assignment and activities, and comment concerning the appropriateness, omissions, etc. These will be reviewed at the upcoming Board of Directors meeting so that a timeline can be fully crafted, so that we can stay on track for accomplishing our tasks.

## ACGME

The application by the AASM to establish a formal

one-year sleep medicine training program, that is ACGME approved, has been submitted. The ACGME has been very receptive. A multidisciplinary group with multi-society representation is being established by them to review and make recommendations to the ACGME on the application. We anticipate review of our submission by them, perhaps in September. This will be a HUGE step in national recognition of sleep as a mainstream specialty if we are able to proceed with obtaining this recognition.

## ANNOUNCEMENTS

- The AASM has been active in working with the AMA and ACGME in exploring the residency work hours issue. The Sleep and Fatigue Workshop, of which the AASM was a co-sponsor, in October 2001 led to the scientific basis of much of the material used as background.
- After a lengthy search and committee deliberation, a difficult choice was made from among our group of very well qualified candidates, and Dr. David

White was chosen as the next editor for the journal *SLEEP*. He will assume the reins from Dr. Tom Roth, who will complete his five-year term as editor in December. Dr. Roth has ably made his mark with a number of beneficial changes in the format, style, and continued evolution of the journal, as he brought it actively into the electronic age and to greater recognition and impact.

- Dr. David White's assumption of the position as editor of *SLEEP* created an opening as the Chair of the APSS Program Committee, which will be filled by Dr. Ronald Szymusiak. The Program Committee, this year, will have a special task preparing for the exciting APSS meeting in Chicago, which will, as part of the meeting activities, have some special focus on REM sleep

As we move through the coming year I encourage you to share your thoughts, suggestions and yes, even complaints, with me and the Board. I can assure you your voice will be heard and each and every member is important to achieving our goals.

## Trip to Washington Pays Off for Sleep

In March of this year the American Academy of Sleep Medicine sent a delegation to Washington D.C. to meet with congressional representatives to discuss appropriations language for FY 2003 budget. The delegation was lead by Drs. Wolfgang Schmidt-Nowara and Allen Pack, Committee Chairs of the Government Affairs and Research Committees. As a direct result of these meetings the suggested report language was included in the Departments of Labor, Health, and Human Services, and Education, and Related Agencies Appropriations bill, 2003. Mr. Harkin, from the Committee on Appropriations submitted a report to be included with S. 2766. The language included within the National Heart, Lung and Blood Institute (NHLBI) section of the report reads "Sleep Medicine The Commit-

tee commends the Institute and its National Center for Sleep Disorders Research for the progress being made to advance research into the relationship between obstructive sleep apnea and obesity, hypertension, cardiovascular diseases, and mortality. The Committee encourages the Institute to accelerate these efforts and to consider conducting multi-site clinical studies that will assess effective treatments for patients with sleep apnea and identify the functions of sleep for health, aging, and prevention of disease." The Committee's recommendations also includes \$2,820,011,00 for the NHLBI. This is \$43,600,000 more than the budget requested and \$259,814,000 more than the fiscal year 2002 appropriations.

American Academy of Sleep Medicine  
**Board of Directors**  
2002-2003



**PRESIDENT**

**Andrew Chesson, Jr., M.D.**, passed the American Board of Psychiatry and Neurology boards in 1980 and the American Board of Sleep Medicine boards in 1986. Dr. Chesson is a member of numerous scientific societies, including the American Academy of Neurology. Dr. Chesson is an examiner for the American Board of Psychiatry and Neurology, and has been a review-

er for several prominent journals including *JAMA* and *SLEEP*. Dr. Chesson was a site visitor for AASM center accreditation from 1987-1995, a member of the AASM Education Committee from 1992-1994, and has been on the Standards of Practice Committee since 1992, serving as committee chair since 1995.

**PRESIDENT-ELECT**

**Conrad Iber, M.D.**, received his medical degree in 1974 from the University of Illinois at Chicago, and is a diplomate of the American Board of Internal Medicine in internal medicine, pulmonary disease and critical care. Dr. Iber holds membership in many organizations and societies, such as the American Thoracic Society, the American Academy of Sleep Medicine, and is a fellow of the American College of Physicians.



**PAST-PRESIDENT**

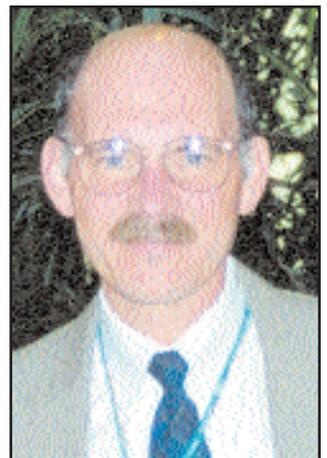
**President John W. Shepard, Jr., M.D.**, is medical director of the sleep disorders center at Mayo Clinic. He is board-certified in internal medicine, pulmonary diseases and sleep medicine. He earned his medical degree from Harvard Medical School and completed training at the University of California, San Diego. He has served the American Board of Sleep Medicine in

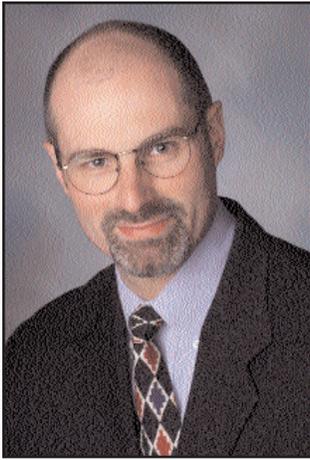
many capacities, including as chair of the Part I Examination Committee and as a member of the board's executive and finance committees. He was also chair of the American College of Chest Physicians Committee on Cardiopulmonary Sleep Disorders from 1990 to 1992, and sat on the Board of Directors of the American Thoracic Society.

**SECRETARY/  
TREASURER**

**Richard Rosenberg, Ph.D.**, received his doctorate degree from the laboratory of Dr. Allan Rechtschaffen at the University of Chicago in 1980. He is presently director of the Evanston Hospital Sleep Disorders Center and an associate professor in the Department of Neurology at Northwestern Univ. School of Medicine. He became ABSM

board-certified in sleep in March 1985. Dr. Rosenberg has been a member of the Part II Subcommittee of the American Board of Sleep Medicine since 1987, serving as Part II Exam Committee chair from 1995-1998. He was a member of the ABSM Board of Directors from 1994 to 2000. Dr. Rosenberg was a regional chair of the AASM Accreditation Committee from 1996-1999.





#### DIRECTOR

**Daniel J. Buysse, M.D.**, graduated from the University of Michigan Medical School. He was certified by the American Board of Psychiatry and Neurology in 1988 and the American Board of Sleep Medicine in 1989. Dr. Buysse is the medical director of the Sleep Evaluation Center at Western Psychiatric Institute and Clinic and associate professor of Psychiatry at the University of

Pittsburgh School of Medicine. Dr. Buysse served as president of the American Academy of Sleep Medicine in 2000-2001. He maintains membership in a number of professional and scientific societies, including the American Psychiatric Association, the Society for Research on Biological Rhythms, and the Sleep Research Society. Dr. Buysse's research interests include insomnia, sleep and circadian rhythms in aging, and sleep in depression.

#### DIRECTOR

**W. Vaughn McCall, M.D., M.S.**, received his medical degree from Duke University in 1984. He currently works as interim chairman for the Department of Psychiatry and Behavioral Medicine at Wake Forest University School of Medicine in Winston-Salem, N.C.. Dr. McCall was certified by the American Board of Sleep Medicine in 1988 and the American Board of Psychiatry in 1990. He currently holds many professional memberships, including the Association for Convulsive Therapy, American Medical Association, and American Psychiatric Association.



#### DIRECTOR

**Lawrence Epstein, M.D.**, is Board-certified in Pulmonary Disease, Critical Care Medicine, Internal Medicine and Sleep Medicine. He is currently an instructor, Department of Medicine, Harvard Medical School, and the medical director of Sleep HealthCenters in Bedford and Malden, MA.. Previous positions include director of the Sleep Medicine program at the VA Boston

Healthcare System, director of the Sleep Disorders Center at Wilford Hall Medical Center, Lackland AFB, Texas, and military consultant to the Air Force Surgeon General for Sleep Disorders. He is the former chairman of the AASM Publications Committee.

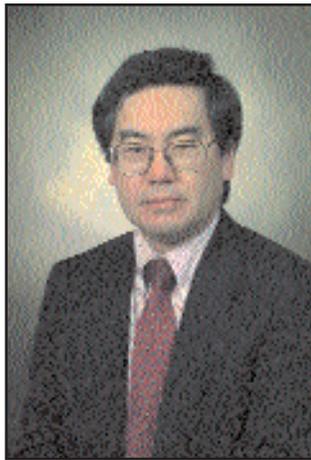
#### DIRECTOR

**Barbara Phillips, M.D., M.S.P.H.**, received her medical degree from the University of Kentucky College of Medicine in 1977 and her Master of Science in Public Health from the University of Kentucky in Lexington, K.Y. in 1991. She is a professor of Pulmonary and Critical Care Medicine in the Departments of Internal Medicine and Preventive Medicine at the University of Kentucky College of Medicine. She directs the Sleep Clinic and AASM Alternate Track Sleep Fellowship at the University of Kentucky College of Medicine, and is medical director of the Sleep Disorders Center at Samaritan Hospital in Lexington. Dr. Phillips has been board-certified by the American Board of Internal Medicine, the Pulmonary Subspecialty Boards, Critical Care Medicine, as well as Sleep Medicine. She is a fellow of the AASM and served as President of the American Board of Sleep Medicine from 1998-2000. She is a recipient of a Sleep Academic Award from the National Institutes of Health and has served on the Advisory Board to the National Center on Sleep Disorders Research.



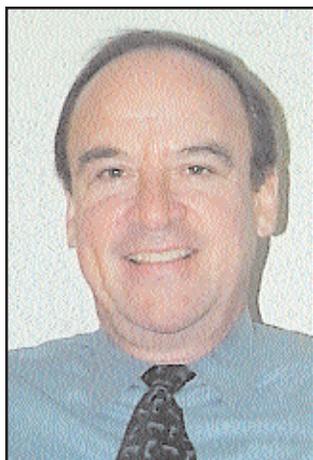
## DIRECTOR

**Stuart Quan, M.D.**, received his medical degree from the University of California, San Francisco School of Medicine. He is a professor of Medicine and Anesthesiology at the University of Arizona College of Medicine in Tucson, associate head of the department of medicine, chief of pulmonary and critical care medicine, and the director of the University of Arizona Sleep Disorders Center. He served as president of the American Academy of Sleep Medicine in 1999-2000. Dr. Quan has served as chair of the Accreditation Committee, and was a member of the Board of Directors of the American Board of Sleep Medicine from 1990-1996. His research interests include respiratory disturbances during sleep, cardiovascular consequences of sleep disordered breathing and epidemiology of sleep.



## DIRECTOR

**Stephen H. Sheldon, D.O.**, earned his Doctor of Osteopathic Medicine degree from Midwestern Univ., Chicago College of Osteopathic Medicine in June of 1975. Dr. Sheldon currently serves as associate professor of Pediatrics at Northwestern University Medical School and director of the Sleep Medicine Center at Children's Memorial Hospital in Chicago. Dr. Sheldon has been active in many committees and has acted as chair for the American Academy of Sleep Medicine's Committee on Continuing Medical Education from 1996 and the Education Committee since 1995. Dr. Sheldon also holds status as a diplomate of the American Board of Pediatrics since 1980 and diplomate of the American Board of Sleep Medicine since 1988. He has received many honors and awards, including the Distinguished Practitioner in Osteopathic Medicine from the National Academies of Practice in 1999.



## DIRECTOR

**Michael J. Sateia, M.D.**, received his medical degree from Duke University School of Medicine in 1974. Dr. Sateia serves as associate professor of Psychiatry and chief of the Section of Sleep Medicine at Dartmouth-Hitchcock Medical Center. Dr. Sateia became a diplomate of the American Board of Sleep Medicine in 1990 and is also certified by the American Board of Psychiatry and Neurology. He has previously served on the Accreditation Committee and the Medical School Education Committee and is now a senior site visitor for the AASM. Dr. Sateia is a member of the Sleep Research Society and an examiner and Test Writing Committee member for the American Board of Psychiatry and Neurology. He currently holds a Sleep Academic Award from the National Heart, Lung, and Blood Institute.



## DIRECTOR

**J. Baldwin Smith, III, M.D.**, received his medical degree from the Medical College of Virginia in Richmond, V.A.. He is board-certified in General Pediatrics, Clinical Neurophysiology, Neurology with special competence in Pediatric Neurology, Computerized Tomography and Neuroimaging, and Sleep Medicine. He is medical director of Summit Sleep Disorder Center for children and adults in Winston-Salem and Statesville, N.C. He is the former chairman of the AASM Health Policy Committee. He was a member of the AMA CPT Advisory Panel from 1996 to 1998 and has represented the AASM to the AMA's Relative Value Update Committee and the Practice Expense Advisory Committee since 1997.

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2002-2003

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# MEDSleep

## Medical Education in Sleep

### Do You Teach Sleep Medicine?

Save Time! Enhance your teaching and curriculum! Free educational resources for sleep instruction are available on the AASM Web site under MEDSleep! This site contains many different teaching tools, from *Power Point presentations* to *case studies*.

Whether you're interested in adding resources to existing sleep courses, or integrating sleep topics into other aspects of the curriculum, take advantage of these **FREE** resources today!



Visit

[www.aasmnet.org/MEDSleep/medsleephome.HTM](http://www.aasmnet.org/MEDSleep/medsleephome.HTM)



# COMMITTEE UPDATES

## Accreditation

As of June 2002 the AASM has approved accreditation of 585 sites, of which more than 80 percent are full service centers. There are approximately another 72 applications in various stages of the accreditation or reaccreditation process. A site visitor training course designed to review the center and laboratory application manuals and Standards for Accreditation was held during the APSS meeting in Seattle. This course is mandatory for those wishing to serve as AASM site visitors.

The Accreditation Committee is currently finalizing a brochure that can be delivered to facilities considering AASM accreditation, as well as to third party payers, that will outline the benefits of accreditation.

## Clinical Practice Review

The CPRC is wrapping up a position paper regarding anesthesia use in patients with obstructive sleep apnea when they have surgery performed. This paper will be distributed to related organizations for comments before final approval by the Academy Board and publication.

## Continuing Medical Education

The approval to extend the credit claim period for journal CME from 10 to 15 weeks was implemented in issue 4 of volume 25 of the journal *SLEEP*, which was published on June 15, 2002.

The committee will be exploring the feasibility of Internet-based CME opportunities in relationship to the recently published ACCME policies for sponsoring online or Internet-based CME.

## Fellowship Training

The Fellowship Training Committee has been busy processing several applications for newly accredited programs. These programs are in various stages of the accreditation process.

The Fellowship Training Committee sponsored a meeting for all Sleep Fellowship program directors. This meeting provided an update on the application to the ACGME for recognition of sleep fellowship training as well as provided the opportunity to answer questions and outline the benefits of AASM Fellowship Training Program Accreditation to those who may be interested in obtaining accreditation. This program was a success with more than 30 individuals attending and the group providing some good feedback to the committee.

## Government Affairs

The Government Affairs Committee sponsored a Political Action Committee (PAC) event during the APSS meeting in Seattle. More than 45 individuals registered for the morning PAC event. Kathleen O'Conner, an insurance consultant, provided the topical presentation and answered several questions from attendees.

The 2002 Congressional election cycle is upon us and the Government Affairs Committee is identifying members of key congressional committees that have upcoming elections. The Committees that have been identified include: House Appropriations, Energy and Commerce, Ways and Means, and the Senate Appropriations and Finance Committees.

## Health Policy

The AASM signed a letter of support to the leadership of the Department of Health and Human Services. This letter reinforces the recommendation from the Advisory Committee on Regulatory Reform to eliminate documentation guidelines for Evaluation and Management (E&M) services.

The Business Practices Course held at the APSS in Seattle went well with a strong showing of participants. Additionally, the committee will submit a request for another full-day course at next year's Annual Meeting and evaluate the interest and need for an advanced business practices course.

## International Affairs

The inaugural mini fellowship program accepted two fellows, Agnes Tirona-Remulla, M.D. from the Philippines and Francisco Javier Puertas, M.D. from Spain. Both individuals attended this year's APSS Annual Meeting following a three week training program at their respective host sites (University of Penn-

sylvania and the Mayo Clinic). The fellows provided their own air travel and room and board during their stay while the host center offered the training program. The Academy supplied a package of educational materials that included copies of Principles and Practice of Sleep Medicine, the Atlas of Sleep Medicine, The International Classification of Sleep Disorders, a copy of the Academy's Clinical Practice Parameters, a set of CD-ROM discs from the 2001 National Sleep Medicine Course, and the Academy's Start a Center Manual. The Academy also paid APSS registration fees for the two fellows as a part of the mini fellowship. The committee is evaluating the program utilizing input and suggestions from the fellows and the host sites.

## Medical School Education

There are 82 resources completed through the Sleep Academic Awards. A portion of these resources still need to be launched on the Web site. We currently have nine new resources in the review process and 11 pending resources. The MEDSleep Resource Web site received 1,667 "hits" during the month of June. The committee is evaluating the Web site's layout for functionality and redesign possibilities. The committee is also assembling a network of education advocates. These advocates are representatives from various medical schools. Currently 93 medical schools have identified education advocates. Future plans for utilizing this network include the distribution of information and comments on the MEDSleep resources as well as curriculum ideas and strategies.

## Membership

Each of the Academy's sections met during the APSS Annual Meeting in Seattle, June 8-13, 2002. Sections were created to provide the ability within the membership to share interests and ideas, and sections serve as a convenient mechanism for suggesting future practice parameter papers for treatment methodologies and identifying research and educational topics for the Board of Directors. The sections are

encouraged to submit periodic columns to the AASM's Bulletin.

## National Sleep Medicine Course

The 2002 National Sleep Medicine Course is August 10-14. For the first time in nine years it will be held in a new venue at the Westin Stonebriar Resort in North Dallas, Texas. The advantages of the new venue are its central location, increased capacity and exclusivity for the group. The course capacity was increased to 250 attendees. The course reached capacity by June 1 and a waiting list of approximately 50 people is being maintained for last minute additions/cancellations. This year's faculty consists of 26 distinguished sleep medicine professionals.

The newly developed Advanced Sleep Medicine Course (ASMC) is scheduled for February 6-9, 2003 in San Antonio, Texas. The venue and faculty for this event are currently being finalized.

## Publications

The Publications Committee is evaluating several topics that will be produced as the next brochure for the Academy membership. New products are available for the membership: A Slide Set titled Insomnia is available in both 35 mm slides and on CD-ROM and a new brochure titled Sleep and Heart Disease is available and can be personalized with information regarding your member accredited sleep center.

The Committee is also putting some finishing touches to a 15-minute informational video for patients undergoing in-laboratory polysomnography. The video, which is currently available for order, and all products are available for purchase through our product order form and the AASM Web site, [www.aasmnet.org](http://www.aasmnet.org).

## Research

The Research Committee is assembling comments on the draft revision of the NIH National Sleep Disorders Research Plan. These comments will be forwarded

to the Academy Board for review. The draft can be viewed at: [www.nhlbisupport.com/sleep/research/comments.pdf](http://www.nhlbisupport.com/sleep/research/comments.pdf). All are invited and encouraged to comment on the draft and forward those remarks no later than August 23, 2002 to: Dr. Carl Hunt, Director, National Center on Sleep Disorders Research by email at [ncsdr@nih.gov](mailto:ncsdr@nih.gov) or by FAX at 301-480-3451.

## Standards of Practice

The Standards of Practice Committee is currently working on the following expiring practice parameters: The Use of Polysomnography in the Evaluation of Insomnia, The Use of Actigraphy in the Clinical Assessment of Sleep Disorders, The Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliances, The Treatment of RLS/PLMD, The Treatment of OSA in Adults, and The Indications for PSG and Related Procedures. New practice parameters topics that are in various stages of the evidence based medicine review process include: MSLT/MWT, CPAP/BiPAP, Chronic Hypnotic Use in Insomnia, and Management of Sleep Disorders associated with Pain.

## Web site Editorial Advisory

The Web site Editorial Advisory Committee is continuing to evaluate the Academy's Web site for functionality and content to provide a comprehensive and user friendly format for the membership and other users. The committee is also exploring new integrated communication strategies that will utilize the Web site.

# ORGT • NEWS

## RELATED ORGANIZATION NEWS

### AMERICAN BOARD OF SLEEP MEDICINE

#### **2002 Part I Examination**

The 2002 Part I examination will take place at the Hyatt Regency in downtown Dallas, Texas on October 4, 2002. A record number of candidates, approximately 700, will be taking the Part I examination this year.

#### **2003 Part II Examination**

The ABSM completed the first step towards computerization of the board exam by computerizing sections of the 2002 Part II examination, which took place on April 8, 2002. The ABSM plans to computerize the entire Part II examination in 2003. The locations of the 2003 Part II examination are tentatively scheduled in: Chicago, Ill., Tampa, Fla., Atlanta, Ga., and Tucson, Ariz.

#### **Important Dates and Deadlines**

##### **2002-2003 Examination Cycle:**

October 4, 2002  
Part I examination (Dallas, Texas)  
January 1, 2003  
Notification of Part I results  
January 15, 2003  
Deadline for receipt of Part II letter of intent and examination fee

April 14 & 15, 2003  
Part II examination (Chicago, Ill., Tampa, Fla., Atlanta, Ga., and Tucson, Ariz.)  
June 30, 2003  
Notification of Part II results

##### **2003-2004 Examination Cycle:**

March 1, 2003  
Postmark deadline for application and examination fee  
July 1, 2003  
Notification of Credentialing Committee decisions  
October 3, 2003  
Part I examination  
January 1, 2004  
Notification of Part I results  
January 15, 2004  
Deadline for receipt of Part II letter of intent and examination fee  
April, 2004  
Part II examination  
June 30, 2004  
Notification of Part II results

# REWRITING THE NIH RESEARCH PLAN FOR SLEEP

by David White, MD

NIH created the first formal research plan focused on sleep and its disorders in 1996. Since then, there has been considerable scientific and clinical growth in the field, prompting a reassessment and update of research priorities and opportunities. The strategic plan being written represents a revision of the 1996 plan and provides an updated guide for scientific research on sleep and its disorders.

The task force appointed by NHLBI to revise the 1996 plan consisted of 14 clinical and basic scientists. Additional consultants provided supplemental expertise on an as-needed basis. The National Center on Sleep Disorders Research (NCSDR), the Trans-NIH Sleep Research Coordinating Committee (SRCC), and the Sleep Disorders Research Advisory Board (SDRAB) also assisted the task force in this undertaking. The topics/sections selected for inclusion provide a broad perspective on the field of sleep and sleep disorders and highlight the cross-cutting and highly interdisciplinary evolution of this field. For each topic, a short document was created providing:

- a) A brief overview of the topic.
- b) The major research accomplishments since release of the 1996 plan.
- c) The research directions for the future in that particular area.

The process for completing this revised research plan includes three meetings of the task force in addition to multiple conference calls. Additional periodic input from the Trans-NIH SRCC and SDRAB was complemented by public input at the 2002 Annual Meeting of the Associated Professional Sleep Societies (APSS). Also planned is circulation of the plan to 37 profession-

al societies having a potential interest in this research plan, and posting on the NCSDR Web site for a six-week period.

Several specifics of this process merit further comment. First, there was considerable discussion on how to best address pediatric sleep science since some developmental processes are only encountered in infants/children while others represent a continuum from infancy to old age. As a result, adult and pediatric sections were combined whenever possible (e.g. insomnia, sleep and breathing). Separate sections focusing only on pediatric science were developed if no adult component could be identified.

Second, there was considerable discussion of how sleep and its disorders should be addressed, in the document, relative to women's health. Ultimately, the task force decided not to create a specific section on sleep in women, but to include in each section, where appropriate, reference to how that disorder or physiologic process might uniquely affect women. It was felt this would bring adequate focus to the diverse areas that could differentially impact sleep in women. The task force used the same approach in discussing minorities and medically under-served groups. Thus, there are no entire sections in the report specifically devoted to women, minorities and under-served populations, but there are specific subsections throughout the document that discuss these target groups.

You are invited to review the latest draft of this research plan at the NCSDR Web site, [www.nhlbisupport.com/sleep/research/comments.pdf](http://www.nhlbisupport.com/sleep/research/comments.pdf). Comments can be sent to: Dr. Carl Hunt, Director, National Center on Sleep Disorders Research by email at [ncsdr@nih.gov](mailto:ncsdr@nih.gov) or by FAX at 301-480-3451 and must be submitted by August 23, 2002.

# member benefits

## New AASM Bylaws & Office Relocation

A new set of bylaws were voted on and approved by the voting membership of the Academy this spring. The bylaws ballot was incorporated on the Board of Directors ballot that also listed this year's nominations for open offices. The returned ballots were tabulated and the results shared during the APSS meeting. An introduction of the new officers and directors along with an announcement of the ratification of the new bylaws was made during the Annual Business Meeting held on Monday, June 10, 2002 at the 16th Annual APSS meeting in Seattle.

The major areas of revision to the bylaws include the composition of the Board of Directors. Two new director positions were added to the board; bringing the total membership to 12. The two new openings were filled respectively by Lawrence Epstein, M.D. and Michael Sateia, M.D. The 2002 - 2003 Board members now consist of: Andrew L. Chesson, Jr., M.D. - President, Conrad Iber, M.D. - President-Elect, John W. Shepard, Jr., M.D. - Past President, Richard S. Rosenberg, Ph.D. - Secretary/Treasurer, Stuart Quan, M.D., Daniel Buysse, M.D., Stephen Sheldon, D.O., Barbara A. Phillips, M.D., MSPH, W. Vaughn McCall, M.D., M.S., J. Baldwin Smith, III, M.D., Michael Sateia, M.D., Lawrence Epstein, M.D. all of which are Members-at-Large. The addition of the two new board positions is crucial in balancing the workload and future initiatives of the Academy with board representation. Additionally, the bylaws revision focused on the clarifica-

tion of the role of the sections within the organization. Their purpose, function, responsibilities and structure are clearly outlined and defined. The new bylaws can be viewed on pages 12 - 21 of the AASM / SRS / APT Membership Directory.

The AASM national office has completed its transition to Westchester, Ill. The office in Rochester, Minn. closed its doors on Thursday, June 27, packed up 80,000 pounds of office equipment, supplies and furniture, and the new office in Westchester opened its doors on Monday, July 1. The first week in July was spent getting all the systems up and running and as of Monday, July 8 the office is fully operational. The contact information for the American Academy of Sleep Medicine is phone (708) 492-0930, FAX (708) 492-0943, email: [aasm@aasmnet.org](mailto:aasm@aasmnet.org), and Web site at [www.aasmnet.org](http://www.aasmnet.org). The contact information for the American Board of Sleep Medicine is phone (708) 492-1290, FAX (708) 492-0943, and Web site at [www.absm.org](http://www.absm.org). The contact information for the Sleep Research Society is phone (708) 492-1093, FAX (708) 492-0943, email: [jjyore@aasmnet.org](mailto:jjyore@aasmnet.org), and Web site at [www.sleepresearchsociety.org](http://www.sleepresearchsociety.org). The contact information for the Associated Professional Sleep Societies is phone (708) 492-0930, FAX (708) 492-0943, and Web site at [www.apss.org](http://www.apss.org).

# Viewpoint

## **History and Structure of the University of Iowa Sleep Disorders Center**

Given a little poetic license and a population that sleeps eight-hours per day, sleep disorders comprise one-third of all medicine. Every human is prone to sleep-related complaints as insomnia and sleepiness can lead to, exacerbate, or result from an infinite number of problems that arise, in relatively unique ways, from every one of the various medical subspecialties. The frequency and diversity of sleep disorders has shaped the development and philosophy of the University of Iowa Sleep Disorders Center. Our strong belief is that a sleep disorder center must practice sleep disorders medicine in an interdisciplinary manner if it is to provide optimal patient care.

The foundation of medicine is history and physical examination. Nevertheless, as sleep is intrinsically associated with a paucity of detailed history, formal education in the approach to sleep disorders medicine, as afforded by the American Academy of Sleep Medicine, is a must. Knowledge concerning the proper use of many recent technologic advents, such as expanded digitized, video-polysomnography, have made up for the relative lack of history. This basic training is invaluable in the differentiation of a variety of disorders whose optimal therapy may require a referral to a sleep disorders medicine subspecialist.

In 1983, the University of Iowa Depart-

ment of Neurology established the first University of Iowa Sleep Disorders Center (polysomnography is based on electroencephalography and our neurologists interpret electroencephalograms). Subsequently, the Division of Pulmonary Medicine started an independent laboratory, which focused on the diagnosis and treatment of obstructive sleep apnea. Both laboratories recognized significant growth through an exchange of expertise and eventually consolidated into a single sleep disorders center.

Original interdisciplinary collaborations were established as the naiveté of our specialists became self evident in regard to their approach to a variety of sleep complaints from adult and pediatric populations. We also recognized the American Academy of Sleep Medicine as a preferred vehicle for the acquisition of sleep knowledge and sleep disorders center organization. The board certification of our physicians and technicians was followed by the accreditation of our sleep disorders center by the American Academy of Sleep Medicine. This process demanded the provision of interdisciplinary expertise, which led to the development of our formal insomnia clinic (run by psychologists), the establishment of a division of pediatric sleep disorders, the creation of a unique, technician-based "CPAP" clinic, and a weekly interdisciplinary conference on sleep disorders medicine attended by almost every medical specialty service at the University of Iowa.

**VIEWPOINT CONTINUED ON PAGE 20**

The American Academy of Sleep Medicine has provided a solid base from which we have expanded our education, patient care, and research endeavors. Our cardiologists and pulmonologists have been an integral part of a National Institutes of Health Sleep Education Award (which spawned our weekly interdisciplinary sleep conference) and our laboratory has been included in the Coleman II Project (defining the prevalence of a wide variety of sleep disorders in America). Our collaborative interdisciplinary research projects have studied cataplexy, the effects of obstructive sleep apnea on critically ill adult and pediatric populations, and seizures in sleep and the parasomnias. Using recommendations published by the American Academy of Sleep Medicine on how to start a sleep disorders center, and with the assistance and support of the American Academy of Sleep Medicine's International Affairs Committee (in addition to our sleep disorders center's experience), we are actively assisting many international colleagues in establishing sleep disorders centers in the People's Republic of China, Taiwan, and Japan.

Interdepartmental endeavors are intrinsically fraught with many difficulties. In the early years of the University of Iowa Sleep Disorders Center, "turf wars" for support from our College of Medicine and Hospital appeared to be the result of miscommunications and relatively mundane, although important, issues, such as billing. Nevertheless, these battles were transient phenomena, and over the years concerted diplomatic efforts have resulted in a strong respect for divisional expertise and a true understanding of the necessity for an interdisciplinary approach to sleep disorders medicine, which has included a fellowship program that has trained neurologist, pulmonologists, and pediatricians.

We have always striven for a democracy with strong centralized leadership (to avoid anarchy, the "buck" has to stop somewhere). It was a distinct advantage that our philosophy preceded the building of our center. From the beginning, we had Department Chairmen and a Director of Clinical Neurophysiology who encouraged interdisciplinary investigation. In addition, direction of the sleep center was delegated to junior faculty not weighed down by full professorial rank. It may be "diffi-

cult to teach old dogs new tricks."

With strong supportive leadership, business issues were relatively easy to address. Our pediatric, intensive care, and pulmonary divisions bill independently for the hospitalization of patients studied polysomnographically. Pediatrics has an independent laboratory housed in their department, and our intensivists study their patients using portable polysomnography. In addition, any associate of the sleep disorders center, with board certification in sleep disorders medicine, is eligible to review (and bill) for the sleep studies performed on their specific patients. We presently have multiple specialized clinics associated with the sleep disorders center: pediatrics (pediatric and developmental disability related sleep disorders), pulmonary (sleep-related breathing disorders in the critically ill), neurology (general adult sleep disorders), neuropsychology (the "Insomnia Clinic"), and a weight loss clinic. The specialty services of medicine under which they are run receive the revenues from these clinics.

The field of sleep disorders medicine is in its relative infancy and we have only recently begun to realize the tip of this academic iceberg. There are more than 80 specific diagnostic categories of sleep disorders described in The International Classification of Sleep Disorders. As many of these problems have only recently been recognized, a standard approach to their analysis is often not clear. Also, the technology used to define sleep is constantly changing and, as a result, the reliability, sensitivity, specificity, and validity of many diagnostic tools are in question.

The sheer magnitude of the issues surrounding sleep disorders medicine has fueled our strong belief that every health care professional should address the sleep-related issues of their patients. We liken this to the 1861 teachings of Ignaz Philipp Semmelweis in regard to the use of antiseptic methods. As with Semmelweis, initial obstacles to shared responsibility concerning a health-related issue are slowly fading for our sleep disorders center. In this regard, we believe that to achieve a true interdisciplinary approach to sleep disorders medicine the most vital aspect is to build from a base of shared philosophy, after which shared revenues and technical

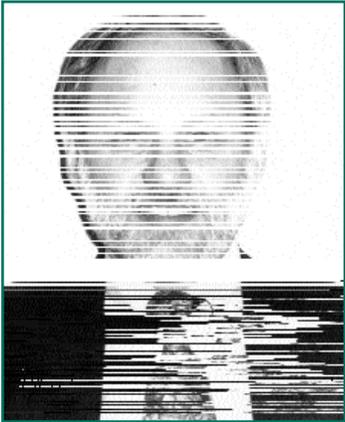
issues should follow. We feel that the interdisciplinary practice of sleep disorders medicine at the University of Iowa Sleep Disorders Center allows us to optimize our teaching, clinical care, and research.

I would like to acknowledge the assistance of Herbert Berger, M.D., of the Department of Medicine, Pulmonary Division, Christine L. Glenn, R. EEG T., RPSGT, and Thoru Yamada, M.D., Director, Division of Clinical Neurophysiology of the Department of Neurology, and Deborah C. Lin-Dyken, Department of Pediatrics, The Center for Disabilities and Development, Children's Hospital of Iowa, Iowa City, Iowa, in the preparation of this essay.

# Distinguished

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## Service Awards 2002



### Richard Ferber, M.D. Receives Excellence in Education Award

Dr. Richard Ferber received his medical degree from Harvard Medical School in 1970. He did his postgraduate training in psychosomatic medicine at the Boston Children's Hospital, as well as in psychiatry research at Harvard Medical School. In 1973, he joined the faculty of Harvard Medical School, where he is currently associate professor of Neurology. Since 1979 he has also been director of the Sleep Laboratory and the Center for Pediatric Sleep Disorders, both at the Children's Hospital in Boston. Dr. Ferber joined the American Academy of Sleep Medicine in 1987. He was appointed to the AASM Standards of Practice Committee in

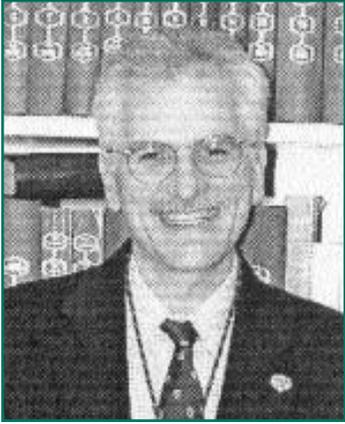
1990, to the Board of Directors in 1995, and to his current position on the Membership Committee in 1998. He was board certified in Sleep Medicine in 1991. Dr. Ferber regularly lectures on children's sleep disorders at a variety of medical and professional venues. He serves as a supervisor to pediatric fellows during six to 12 month elective rotations in the Sleep Center, as well as to neurophysiology fellows during Sleep Center rotations. Dr. Ferber is also a proctor for pediatric and psychiatry house officers, medical students, and visiting neurologists, psychiatrists, and pediatricians during elective time spent in the Sleep Center.



### Thomas Hobbins, M.D. 1939-2001 Receives Nathaniel Kleitman Distinguished Service Award

Dr. Thomas Hobbins became a member of the AASM in 1986 and passed his board certification from the American Board of Sleep Medicine in 1990. He died September 23, 2001 of a cerebral hemorrhage at the age of 61. Dr. Hobbins was a diplomate of the National Board of Medical Examiners, the American Board of Internal Medicine, the American Board of Internal Medicine Sub-specialty of Pulmonary Diseases, the National Institute of Occupational Safety and Health, and the American Board of Sleep Medicine. He was the former director of the Sleep Laboratory at the University of Maryland, Baltimore and the Sleep Disorders Center of Maryland, Towson, Md. At the time of his death, Dr. Hobbins served the Acade-

my as a member of the Board of Directors, a position he held since 1999. Dr. Hobbins served on the Government Relations and Advocacy Committees of the American Lung Association of Maryland, participated on the Steering Committee of Wake Up America, and served on the AMA CPT Advisory Panel, the Board of Governors, and Legislative Committee of the Baltimore County Medical Association. Dr. Hobbins was the Academy's Government Affairs Committee Health Policy Coordinator Liaison from 1994-1996, during which time he presented testimony in Washington as a representative of sleep medicine, and served in leadership positions on the Health Policy Committee since 1994, serving as chair from 1996-1998.



## Charles Czeisler, Ph.D., M.D. Receives William C. Dement Academic Achievement Award

Dr. Charles Czeisler received his Ph.D. in neuro- and bibehavioral sciences in 1978 from Stanford University and his medical degree from the same university in 1981. Dr. Czeisler joined the faculty of Harvard Medical School in 1979, where he currently serves as professor of medicine. He is also the chief of the Division of Sleep Medicine at the Brigham and Women's Hospital in Boston. Dr. Czeisler has been very active in academics over his career. He has taught at a variety of venues, including medical school and university courses, hospital courses, and various invited teaching presentations; he

has advised and supervised in various training and student programs, and has held numerous professional leadership roles related to teaching. Dr. Czeisler has also been very active in medical and professional organizations, including the American Academy of Sleep Medicine, Sleep Research Society, National Institutes of Health, the National Sleep Foundation, and others. Dr. Czeisler's major research interests include physiology of the hypothalamic circadian pacemaker in humans and the temporal dynamics of neuroendocrine systems.

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## Member News

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**Stuart Quan, M.D.**, has been elected by the Advisory Board of the NCSDR to be its chairman for the coming year. Dr. Quan will be working closely with Dr. Carl Hunt, with his priority being to approve the new research plan and make suggestions to the NCSDR for implementation of the plan.

Dr. Quan is currently professor of medicine and anesthesiology at the University of Arizona College of Medicine in Tucson, associate head of the department of medicine, chief of pulmonary and critical care medicine, and the director of the University of Arizona Sleep Disorders Center. He served as president of the American Academy of Sleep Medicine in 1999-2000.



**David White, M.D.**, has been appointed by the Joint Operations Committee to a five-year term as Journal *SLEEP* editor beginning in January of 2003.

Dr. White is currently associate professor of medicine at Harvard Medical School, the director of Brigham and Women's Hospital Sleep Disorders program, and the medical director of Sleep HealthCenters, LLC. He served as president of the American Sleep Disorders Association in 1996-1997 and as APSS program committee chair from 2001-2002. Dr. White has been an associate editor of *SLEEP* since 1998.

# APSS 16TH ANNUAL MEETING

The 16th Annual Meeting of the Associated Professional Sleep Societies was held June 8-13 in Seattle. The Association of Polysomnographic Technologists and the Academy of Dental Sleep Medicine convened in Seattle for their respective annual meetings as well. Attendance reached a total of 4,122 participants, the largest ever at the Annual Meeting! Over 700 abstracts were presented, in addition to 15 postgraduate courses, 21 symposia sessions, and 54 meet the professor offerings. This year's meeting was our first return to Seattle in 15 years, when the APSS partnership was first created. It also marks our first time holding the scientific sessions in a convention center. The nature of Seattle's "walk-able" downtown and the unusually sunny weather made this adjustment easy for all. Due to the growth of the sleep field and the APSS Annual Meeting, beginning in 2004 we will meet regularly in convention centers.

Opening Ceremonies began with a welcome by the APSS Program Committee Chair, David P. White, M.D., followed by awards presentations by the AASM and the SRS Presidents. David F. Dinges, Ph.D. delivered an outstanding keynote address on "Manifestations Of Sleepiness: What Does It Mean To Be Awake?" to a teeming audience of more than 2,500 attendees. Dr. Dinges' presentation, as well as the other Invited Lecturers, was audio recorded on cassette and CD-ROM for purchase. For more information on purchasing cassettes or CDs of the lectures, visit the meeting site at [www.apss.org](http://www.apss.org).

Both societies held general membership meetings (open to all members of the AASM or SRS) during APSS as well as luncheons for past presidents. AASM past presidents were presented with gold lapel pins commemorating their year of service.

The exhibit hall, boasting an unprecedented 110 vendors, provided access to sleep related equipment suppliers, pharmaceutical companies, publishers, and many more. Several of these vendors also contributed to sponsoring give-a-ways of novelty items such as umbrellas, tote bags, lanyards, coffee breaks, abstracts on CD, and many other items. In addition to the give-a-way items, industry sponsored satellite symposia events took place in the evenings. The APSS is grateful for this support of both the meeting and the sleep disorders medicine field.

David P. White, M.D. concludes his term this year as Chair of the APSS Program Committee as a result of his appointment as editor-in-chief for the Journal *SLEEP*. He is succeeded by incoming chair, Ronald S. Szymusiak, Ph.D., Adj. Associate Professor at the University of California, Los Angeles. The Program Committee welcomes and encourages your feedback on the Annual Meeting. If you did not complete the evaluation form that was in each attendee's room at both the Sheraton and the Westin, there is still time to offer suggestions by mailing the form to the national office in Westchester, Ill. Contact the national office at (708) 492-0930 if you have questions or would like to request an evaluation form.

## What's New for 2003?

The APSS 17th Annual Meeting is June 3-8, 2003 at the Hyatt Regency in downtown Chicago. The 2003 meeting marks the 50th anniversary of the discovery of REM sleep at the University of Chicago. The Annual Meeting and this anniversary celebration will be further enhanced by the World Federation of Sleep Research Societies meeting jointly with us in Chicago.

The Call for Scientific Sessions and Abstracts will be mailed later this summer and will also be available for viewing on the meeting Web site. Please mark important deadlines on your calendar for abstract, postgraduate course, and scientific session submissions in December 2002! All dates will be highlighted in the Call.

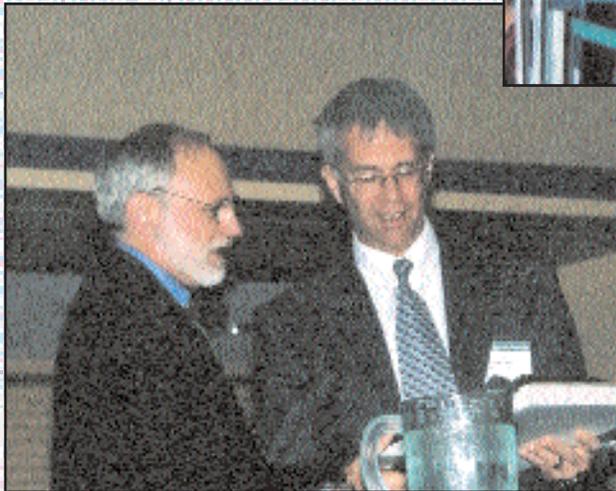
CHICAGO, ILLINOIS

2003



John W. Shepard, Jr., M.D., AASM president, presents Charles Czeisler, Ph.D., M.D. with the 2002 William C. Dement Academic Achievement Award.

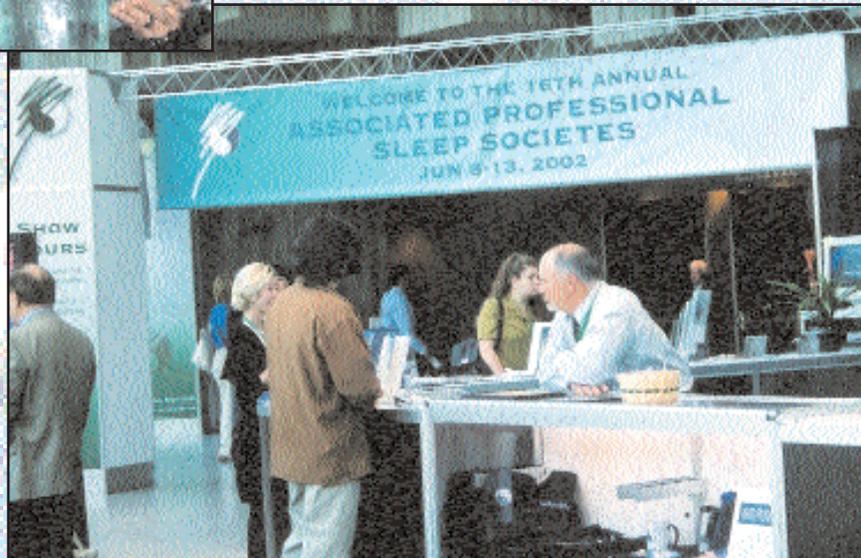
Attendees take advantage of the opportunity to access the internet free-of-charge all throughout the meeting. The Cyber Cafe was sponsored by the ResMed Corporation.



Richard Ferber, M.D., received the first AASM Excellence in Education Award presented by John W. Shepard, Jr., M.D., AASM president.

# APSS 1 Annual M

Attendees visit the AASM/SRS/Journal *SLEEP* information booth, which provided educational and promotional materials.





David Dinges, Ph.D., provided the 2002 Keynote Address on the topic of "Manifestations of Sleepiness: What Does it Mean to Be Awake?"

At opening ceremonies, John W. Shepard, Jr., M.D., AASM president, presents awards to the 2002 Young Investigator Award Winners.



Attendees visit the Exhibit Hall, which was open from Monday June 10 - Wednesday June 12.

# 6th Meeting



Registration and information services were provided for attendees in the Washington Convention and Trade Center during the meeting's duration.

# YOUNG INVESTIGATORS

## Recognized

The American Academy of Sleep Medicine's Young Investigator Award is presented each year at the APSS Annual Meeting to five young investigators who exhibit outstanding scientific abilities as demonstrated in the year's abstract submissions. Only persons under 40 years of age are eligible to participate.

Three external reviewers evaluated and scored each qualifying abstract. Following confirmation by the principal investigator of the originality and independent nature of the investigator's work, the top ten scoring abstracts were submitted to the Research Committee for final selection of the award recipients. A first-place winner and four honorable mentions were chosen. The first place winner received \$1000, a year's membership in the AASM, and a seat on the Research Committee for the following year's term. Each of the four students awarded an honorable mention receives \$500 and a certificate.

The Abstracts written by the five Young Investigators can be viewed on pages 28-30 of this issue.

### **ALEX DESAUTELS, M.S. - FIRST PRIZE**

Alex Desautels received a bachelor's degree in biology in 1991 from the University of Sherbrooke, Canada. He then completed a master's degree in 1998 in fundamental neurosciences from the School of Optometry, University of Montreal, Canada, during which he was interested in the involvement of thalamo-cortical loops in the visual functions. Currently, Alex is pursuing a Ph.D. degree in neurogenetics at the University of Montreal and McGill University under the supervision of Drs. Jacques Montplaisir, Gustavo Turecki and Guy Rouleau. His current work aims at identifying the gene responsible for restless legs syndrome (RLS), a neurological condition associated with nocturnal sleep disruptions.

At 28, he has already written more than 18 original research articles, book chapters and review papers and he has been awarded more than 10 prizes for his research work. Alex published the first molecular studies investigating the role of genetic factors in the etiology of RLS. In addition, he was directly responsible for identifying the first genetic locus

conferring susceptibility to RLS, which gave rise to the paper for which he received this award. Besides his academic and scientific activities, his profound interest in outdoor activities brought him to bike across Canada and to climb several mountains throughout the world.

### **LISA N. BOEHMER, M.S. - HONORABLE MENTION**

Lisa Boehmer is pursuing a Ph.D. in neuroscience in the laboratory of Jerome Siegel at U.C.L.A. She is interested in studying sleep, motor control and narcolepsy. She holds an A.B. from Harvard-Radcliffe University.

### **AMY E. EASTON, Ph.D. - HONORABLE MENTION**

Amy Easton holds an undergraduate degree in psychology obtained at Hood College, Frederick, Md. She studied from 1994-1996 as a laboratory technician in the Pharmacology Dept. at Georgetown University. In 2002 she obtained a graduate degree in neuroscience at Northwestern University studying the role of circadian rhythms in stress and sleep regulation. She received a Summer Research Fellowship at NIMH in 1997, studying learning and memory. In 2002, she began a post-doctoral position at Rockefeller University to continue studying "arousal"

The young Investigator honorable mention award is the first award she has received for scientific research.

### **MICHAEL F. HILTON, Ph.D. - HONORABLE MENTION**

- 1996: Edith Powell and Ivy Walsh Grant, British Medical Association.
- 1998: Rosanna Degani Young Investigators Award, Computers in Cardiology
- 2000: Institute of Electrical Engineers (2000) Snell Premium Award for Paper "Comparison of methods for harmonic wavelet analysis of heart rate variability. IEEE Science, Measurement and Technology"
- 2001: Finalist: Trainee Research Award, Oxford Conference VIII Frontiers in Modeling and Control of Breathing: Integration at Molecular, Cellular, and Systems Levels

October 11-15, 2000, North Falmouth (Cape Cod),  
Massachusetts, USA.

2002: Honorable Mention: American Academy of Sleep  
Medicine's Young Investigator Award of abstract enti-  
tled "Circadian Rhythm in Cardiac Reactivity".

**AKIHIRO YAMANAKA, Ph.D. - HONORABLE MEN-  
TION**

Akihiro Yamanaka Ph.D. is a research associate of pharma-  
cology at the institute of basic medical sciences at Universi-  
ty of Tsukuba, and holds a concurrent post of researcher in  
the Exploratory Research for Advanced Technology (Yanag-  
isawa orphan receptor project).

## 088.N

### A GENETIC LOCUS FOR RLS MAPS TO CHROMOSOME 12Q

Desautels A,<sup>1,2</sup> Turecki G,<sup>1,2</sup> Montplaisir J,<sup>2</sup> Verner A,<sup>1</sup> Rouleau GA<sup>3</sup>

(1) Centre d'étude du sommeil, Hôpital du Sacré-Cœur de Montréal and Centre de recherche en sciences neurologiques, Université de Montréal, Québec, Canada, (2) Research Center, Douglas Hospital, McGill University, Québec, Canada, (3) Montreal Genome Centre, McGill University, Québec, Canada, (4) Centre for Research in Neurosciences, The Montreal General Hospital, McGill University, Québec, Canada,

**Introduction:** Restless legs syndrome (RLS) is a relatively common sensori-motor disorder characterized by an imperative urge to move the limb associated with paresthesia. There is a significant worsening of the symptomatology in the evening or during the night, which often interferes with nocturnal sleep, resulting in daytime somnolence and chronic sleep deprivation. Numerous studies have suggested a substantial genetic contribution in the etiology of RLS. Familial aggregation has been repeatedly reported with more than 40% of the idiopathic cases showing a positive family history. A recent twin study observed a high concordance rates of RLS in monozygotic twins(1), suggesting that a significant portion of the familial aggregation may be due to genetic factors. Thus far, few molecular genetic studies have been undertaken attempting to identify genes that may predispose to this condition and no significant finding has been reported. In order to map and identify the genes that predispose to RLS, we performed a linkage analysis of microsatellite markers spanning the entire genome on a well-characterized French-Canadian family.

**Methods:** A genomewide scan was carried out on a large French Canadian family from which 25 individuals were sampled. All subjects were personally interviewed at two different times during a 10-years follow-up interval. The screening set consisted of a panel of 378 polymorphic fluorescently labeled markers (Whitehead Institute), covering the entire genome with an average intermarker distance of 10cM. Genotyping was conducted using a modified MultiProbe-I (Packard) and two ABI 377 DNA sequencers. Two-point LOD score was calculated using the MLINK routine of the FASTLINK software package whereas location-score analysis and haplotyping were computed by the SIMWLAK2 program. Since the mode of inheritance of RLS is unknown, pairwise LOD scores were maximized over three major models.

**Results:** Parametric analysis revealed maximum two-point LOD score ( $Z_{max}$ ) >1.0 at 12 loci on 3 different chromosomes (i.e. chromosomes 5q, 10q and 12q). All significant and suggestive results were observed under the autosomal recessive mode of inheritance with a high disease-predisposing allele frequency. The strongest evidence of linkage was detected with 8 adjacent microsatellite markers genotyped between D12S398 and D12S78 on chromosome 12q13-23, with a maximum LOD score for D12S1044 ( $Z_{max}$  = 3.42 at  $\theta$  = 0.05;  $P$  =  $6 \times 10^{-4}$ ). Multipoint analysis provided additional support for the localization of RLS-predisposing loci to chromosome 12q, yielding a maximum multipoint LOD score of 3.59 at 13.93cM centromeric from marker D12S1300. Haplotype analysis within the critical region placed the disease-causing gene telomeric to D12S1044 and centromeric to D12S78, defining a 14.71cM interval within chromosome 12q.

**Conclusions:** These findings represent the first mapping of a locus conferring susceptibility to RLS. We are currently carrying out follow-up studies toward identification of the RLS gene through recruitment and investigation of additional families in order to validate this result and to further refine the candidate region.

#### References:

(1) Ondo WG, Vuong KD, Wang Q. Restless legs syndrome in monozygotic twins: clinical correlates. *Neurology* 2000;55:1404-1406.

**Research supported by NIH and CIHR grants. AD is supported by CIHR studentship.**

## 016.A

### IMMUNOSUPPRESSANT TREATMENT DELAYS ONSET OF GENETIC CANINE NARCOLEPSY AND PREVENTS DEVELOPMENT OF SEVERE SYMPTOMS.

Boehmer LN,<sup>1,2</sup> Siegel JM<sup>1,2</sup>

(1) Dept of Psychiatry and Biobehavioral Sciences, UCLA, Los Angeles, California, 90095, USA, (2) Sepulveda VAGLAHS, North Hills, California, 91343, USA, (3) Brain Research Institute, UCLA, Los Angeles, California, 90095, USA,

**Introduction:** Degenerative changes (1) and increased display of major histocompatibility complex class II (MHC-II) antigens (2) have been linked to symptom onset in genetically narcoleptic Doberman pinschers. This suggests that the degenerative changes and the development of narcoleptic symptomatology that result from a mutation of the hypocretin (orexin) receptor-2 gene in these dogs (3) may involve the immune system. We thus attempted to alter the course of genetic canine narcolepsy by administering immunosuppressive and anti-inflammatory drugs.

**Methods:** Experimental dogs were treated with methylprednisolone, methotrexate and azathioprine starting at postnatal day 3, and all dogs were raised in an environment that minimized pathogen exposure. To examine the possibility that the drug regimen directly affected symptoms, transient treatment at the same dosages was carried out in 6 narcoleptic dogs. Symptoms in treated ( $n=7$ ), untreated ( $n=7$ ) and transiently treated ( $n=6$ ) animals were quantified using the food elicited cataplexy test (FECT), modified FECT (mFECT), and actigraphy.

**Results:** With treatment, time to symptom onset was increased by a mean of 109% ( $F=29.6$ ,  $df=6$ ,  $1$ ,  $p<.002$ ), time spent in cataplexy during tests was reduced by more than 85% ( $F=32.5$ ,  $df=5$ ,  $223$ ,  $p<.001$ ), and sleep and waking periods were greatly consolidated. Short-term drug administration did not reduce symptoms. Treatment was stopped at 6 months, after which experimental animals remained less symptomatic than controls for at least 1 year.

**Conclusions:** Oral administration of immunosuppressive and anti-inflammatory drugs delays disease onset and prevents the development of severe symptoms in these animals. Since approximately 95% of all human narcoleptics share an MHC-II haplotype (HLA-DQB1\*0602) and there is gliosis at the site of hypocretin cell loss, immune related factors may play a role in causing human narcolepsy as well. Our treatment is the first shown to affect symptom development in animal or human narcolepsy.

#### References:

(1) Siegel JM, Nienhuis R, Gulyani S, Ouyang S, Wu MF, Mignot E, Switzer RC, McMurry G, Cornford M. Neuronal degeneration in canine narcolepsy. *J Neurosci* 19(1):248-57.

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## 417.E

### CLOCK GENE EXPRESSION OUTSIDE THE SCN CAN MODULATE SLEEP TIME

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**Introduction:** The timing and consolidation of sleep are regulated by the circadian pacemaker, located in the suprachiasmatic nuclei (SCN) of the hypothalamus. The opponent process theory of sleep regulation states that the circadian pacemaker consolidates sleep by actively promoting wakefulness, acting in opposition to a homeostatic sleep-promoting process (1). The Clock gene is known to be a crucial component of the molecular machinery of the circadian pacemaker. Previously, we have found that mice homozygous for the Clock mutation (*Clock/Clock*) spend about 10% more time awake than their wild-type littermates(2,3). Since Clock is expressed throughout the brain and body, it has been unclear whether its influence on sleep is mediated specifically by the SCN. Thus, we wanted to determine: a) whether the SCN promotes wakefulness in mice and b) whether the *Clock* mutation influences wakefulness via the SCN or extra-SCN tissues. To answer these questions, we recorded sleep in SCN-lesioned *+/+* and *Clock/Clock* mice under baseline and recovery conditions.

**Methods:** Male *+/+* and *Clock/Clock* C57Bl/6J mice of 4-6 mo. of age received either bilateral electrolytic lesions of the SCN (n=7 and 6, respectively) or sham lesions (n=10 and 9, respectively). Mice were maintained under a 12:12 light:dark cycle. Following a 2-week recovery period, all animals were implanted with EEG and EMG electrodes for polysomnographic recording and transmitters for body temperature recording. Animals were given another two weeks of recovery and four days of adaptation to sleep chambers prior to baseline sleep recording. Sleep was recorded for a 24 h baseline period and following a 6 h sleep deprivation procedure during the last 6 h of the light phase.

**Results:** During a 24 hour baseline period, *+/+* SCN-lesioned mice spent significantly more time asleep than sham controls ( $x=12.70 \pm 0.26$  h vs  $10.77 \pm 0.18$  h, respectively), an effect that was not observed in *Clock/Clock* SCN-lesioned mice (genotype x lesion:  $F=5.67$ ,  $p=0.02$ ; post hoc tests:  $p<.05$ ). In response to sleep deprivation, only sham *+/+* mice exhibited an increase in NREM sleep time, recovering almost all the NREM sleep that they had lost (genotype x lesion:  $F=7.65$ ,  $p=0.009$ ). However, all groups exhibited a similar and significant increase in NREM sleep delta power in response to sleep deprivation (recovery x time:  $F=44.28$ ,  $p<.00001$ ). In addition, no differences were detected between any of the groups in the amount of REM sleep recovered after sleep deprivation (genotype x lesion:  $F=0.66$ ,  $p=0.42$ ).

**Conclusions:** These data show that SCN lesions in C57Bl/6J mice result in significantly increased sleep time which supports the opponent process theory of sleep regulation. In addition, the *Clock* mutation reduces total sleep time even in SCN-lesioned animals, indicating that *Clock* influences sleep outside of the SCN. Although, the homeostatic response to sleep deprivation is largely intact in SCN-lesioned animals, the failure of both *Clock* mutant and SCN-lesioned mice to lengthen their NREM sleep times in recovery suggests that both are necessary for recovery sleep to be extended.

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## 162.E

### CIRCADIAN RHYTHM IN CARDIAC REACTIVITY

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**Introduction:** The window of 9 AM to 11 AM has been identified as a peak time for sudden cardiac death and myocardial infarction<sup>1</sup>. This may be related to underlying circadian rhythms in cardiac vulnerability. For instance the myocardial response to a physiological or environmental challenge may vary according to circadian phase. We tested this hypothesis by examining the heart rate response to auditory arousal from sleep as a function of circadian phase.

**Methods:** Five subjects (1F, 4M) participated in a 10-day protocol conducted in dim light (<8 lux) and temporal isolation. The subjects' sleep-wake cycles were desynchronized from the circadian clock by extending the day length to 28-hours (9.33-h scheduled sleep). Thus, sleep occurred 4-hours later on subsequent 24-hour days such that sleep spanned all circadian phases. An auditory stimulus was given to the subjects on three occasions during each scheduled sleep episode. The stimulus was evenly distributed across each sleep episode and spanned all circadian phases. Only arousals from stage 2 sleep were considered for analysis. Arousals reproducibly elicited monotonically decreasing R-R intervals for a period of 6 intervals (Figure 1). The cardiac response to arousal was evaluated in terms of the size of the R-R decrease from first cardiac cycle (RR1) to the 6th cardiac cycle (RR6) after arousal onset. To normalize for baseline R-R differences, the ratio of RR1 to RR6 was examined. Circadian phase was determined by core body temperature (CBT) measurements (where zero is the CBT nadir). Circadian phases of the R-R interval results were computed using cosinor analysis.

Figure 1

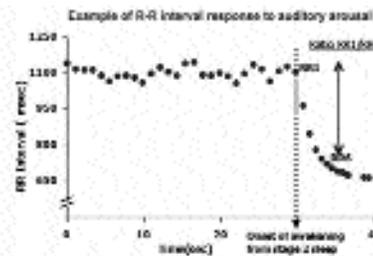
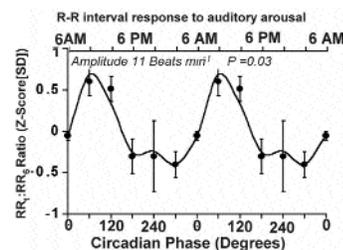


Figure 2



**Results:** Figure 2 illustrates that the R-R response to arousal from light sleep has a significant ( $P<0.03$ ) circadian rhythm with the

peak cardiac response at 80-circadian degrees (10:10 AM  $\pm$  33-min). The average instantaneous heart rate (HR) increase in response to arousal from sleep was  $33(\pm 3)$  beats per minute (bpm) at a circadian phase of 80 degrees. The HR increased by  $22(\pm 5)$  bpm at circadian phases between 180 and 300 (approximately 5 PM to 1 AM).

**Conclusions:** These data suggest a circadian window around 10 AM where the myocardium has a maximal response to an environmental stimulus. The timing of the maximal cardiac reactivity corresponds to the reported epidemiological peak phase for sudden cardiac death<sup>1</sup>. The decrease in R-R interval at an arousal is a result of an increase in the sympatho-vagal balance. Circadian studies have identified a minimum resting vagal tone at a similar phase that the maximal HR response is seen<sup>2</sup>. Thus, at 10 AM there is (1) minimal vagal tone, which is known to decrease cardiac electrical stability and (2) a greater propensity for an increase in sympatho-vagal balance which has been associated with plaque rupture and myocardial infarction.

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**497.K**

**REGULATION OF OREXIN NEURONS BY PERIPHERAL NUTRITIONAL SIGNALS: ROLES OF LEPTIN, GHRELIN AND GLUCOSE**

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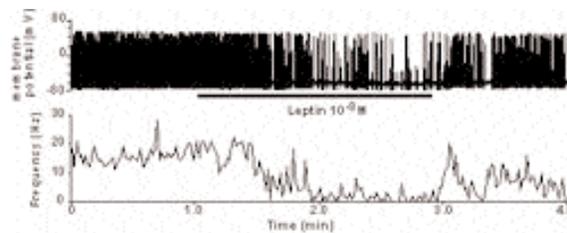
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- (2) Department of Molecular Genetics, University of Texas Southwestern Medical Center at Dallas, Dallas, Texas 75390-9050, U.S.A.,

**Introduction:** Orexin (hypocretin) mRNA is up-regulated during fasting in rats<sup>1</sup>, indicating that the orexin-expressing neurons are somehow sensing the animal's nutritional state. Furthermore, genetic ablation of orexin neurons in mice results in failure to increase ambulatory activity and wakefulness in response to food deprivation, an adaptive response observed robustly in wildtype mice (Beuckmann et al., companion abstract). Here we electrophysiologically examined isolated orexin neurons in order to understand the mechanism by which they monitor nutritional states. Because of the scarcity and diffuse distribution of orexin neurons as well as the lack of distinct morphological criteria, it is difficult to identify and directly examine the electrophysiological properties of orexin neurons. Therefore, we generated transgenic mouse lines in which orexin neurons are specifically labeled by enhanced green fluorescent protein (EGFP). We prepared EGFP-expressing neurons from the hypothalamus of these mice and subjected them to patch-clamp recordings.

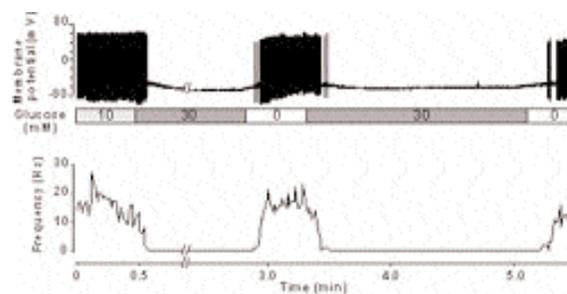
**Methods:** We used a promoter segment of the human prepro-orexin gene to express EGFP specifically in orexin-containing neurons<sup>2</sup>. The LHA regions of orexin/EGFP mice were collected by punch biopsies and enzymatically dispersed. EGFP-expressing orexin neurons were identified by fluorescence microscopy and subsequently subjected to whole-cell patch-clamp recordings. To

determine which extracellular factors can modulate the activity of orexin neurons, we applied several neurotransmitters and neuromodulators in superfused solution. After each recording, neuronal cytoplasmic fractions were collected and subjected to reverse transcription-polymerase chain reaction (RT-PCR) analysis to confirm the presence of prepro-orexin mRNA.

**Table 1**



**Table 2**



**Results:** In current-clamp mode, EGFP-expressing orexin neurons had a resting potential of  $46.3 \pm 1.7$  mV and displayed high-frequency spontaneous action potentials ( $21.4 \pm 0.9$  Hz,  $n=20$ ) in physiological extracellular solution. All orexin neurons examined were strongly activated when glutamate was applied, and strongly inhibited when GABA was applied ( $n=10$ ). Leptin acutely inhibited 8 out of 10 EGFP-positive orexin neurons, causing hyperpolarization and decreased firing rates (Fig. 1). A high extracellular glucose concentration (30 mM) induced hyperpolarization and cessation of action potentials in EGFP-expressing orexin neurons. Conversely, a low extracellular glucose concentration (1 mM) induced depolarization and increased the frequency of action potential in these neurons (Fig. 2). We observed that almost all orexin neurons examined showed glucose sensitivity (18/20 examined). Furthermore, ghrelin, a novel gastrointestinal peptide, activates EGFP-expressing orexin neurons when applied in superfused solution. We observed no appreciable changes of activity of orexin neurons in response to the following neurotransmitters: noradrenalin, serotonin, dopamine, histamine, acetylcholine, PGE2, melatonin, adenosine, vasopressin, NPY, alpha-melanocyte stimulating hormone (a-MSH), melanin-concentrating hormone (MCH).

**Conclusions:** This study demonstrates that the activity of isolated orexin neurons can be directly modulated by extracellular leptin, glucose and ghrelin. We speculate that in vivo orexin neurons may be activated directly by decreased plasma leptin and glucose levels, as well as by increased plasma ghrelin levels, all of which are reflections of reduced food availability to the organism. The resulting increase in orexinergic activity could then lead to increased wakefulness and exploratory activity, triggering increased food seeking and intake.

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YOU HAVE QUESTIONS? WE HAVE ANSWERS!

**Q:** Can old sleep records be re-scored to qualify for CPAP under new rules?

**A:** Old sleep records can not be re-scored. The new Medicare coverage policy specifically states that the new criteria apply to services provided on or after April 1, 2002.

**Q:** Can patients who do not sleep at all or less than two hours qualify for CPAP therapy?

**A:** The new Medicare coverage policy for the treatment of OSA in adults specifically states that the AHI (apnea hypopnea index) is equal to the average number of episodes of apnea and hypopnea per hour and must be based on a minimum of 2 hours of sleep recorded by polysomnography using actual recorded hours of sleep.

**Proposed Changes to Medicare Physician Fee Schedule Benefits Sleep Medicine**

On June 28, 2002 the Centers for Medicare and Medicaid Services published a proposed rule updating the relative value units for physician services that would take effect on January 1, 2003. Because of changes made in the calculation of practice expense relative values, increases are proposed for the technical component of most of the sleep and neurology services. Under the proposal, payment for code 95810 is estimated to increase by more than 70% for services provided in physician offices and freestanding sleep centers. Some of these increases will likely be offset by reductions to the practice expense values as a result of decisions made by the AMA's Practice Expense Advisory Committee. These reductions will not be known until the final rule is published this fall. However, we expect that the net effect will still be an increase for 2003 services.



## OVERVIEW

Before adjourning for its July 4 recess, the U.S. House of Representatives, by a vote of 221-208, approved the GOP-backed \$350 billion Medicare reform package. Objections from several Republican members nearly forced the leadership to postpone action, but they ultimately secured the votes needed for passage. The two committees of jurisdiction, the House Ways and Means Committee and the Energy and Commerce Committee, approved slightly different versions of the reform package the week of June 17. The House Rules Committee merged the two bills for floor action on June 27.

H.R. 4954, the Medicare Modernization and Prescription Drug Act of 2002, adds a \$320 billion prescription drug benefit to Medicare and includes a host of provider "givebacks" totaling approximately \$30 billion. Under the bill, Medicare beneficiaries could voluntarily purchase drug coverage directly from private insurance companies. Seniors would pay a \$250 deductible and an estimated monthly premium of \$33. Medicare would cover 80 percent of beneficiaries' annual prescription drug costs up to \$1,000, and 50 percent from \$1,001 to \$2,000. Enrollees would have to cover all costs between \$2,000 and \$3,700; after a beneficiary reaches \$3,700 in expenses, catastrophic coverage would kick-in and all expenditures would be covered. Assistance is provided for low-income seniors. The House-passed bill also establishes an independent agency to administer drug benefit standards.

House Democrats strongly oppose the Republican prescription drug plan and introduced their own 10-year drug benefit plan estimated to cost between \$800 billion and \$1 trillion. However, the GOP leadership prevented Democrats from offering their proposal on the House floor.

The Senate has not yet taken any action on a Medicare package. Senate Majority Leader Tom Daschle (D-S.D.) recently announced that he intends to begin consideration of a Medicare prescription drug bill in mid-July. No consensus exists on which prescription drug proposal the Senate should consider. Most observers doubt that the House and Senate will compromise on a drug package in an election year and predict that Medicare "givebacks" to providers will be stripped out of the legislation and passed separately.

## PROVIDER PAYMENT

### *Medicare Bill Addresses Physician Update, Includes Other Provider Givebacks*

The House of Representatives took significant steps in its Medicare package to avert scheduled cuts in the physician update. The legislation provides for a two percent increase in payments in FY 2003 and increases over the next two years in the same range, for an estimated "giveback" of \$11 billion. Without congressional action, reductions of 5.7 percent in 2003, 5.7 percent in 2004, and 2.8 percent in 2008 are projected. The bill also requires that GAO conduct a study on beneficiary access to physicians' services under Medicare.

One drawback of the House legislation is that physician updates would revert back to current law in 2006, with the possibility of sig-

nificant reductions. However, committee chairs have said that they will take action before these cuts go into effect. During the Energy and Commerce Committee markup, an amendment offered by Rep. John Dingell (D-Mich.) to provide a ten-year fix was defeated by a vote of 22-27.

Other provisions of the bills include:

### **Ambulatory Surgery Centers**

- A full update in 2003 for ASC payments.

### **Competitive Bidding**

- Competitive bidding for durable medical equipment and off-the-shelf orthotics.

### **Home Health**

- Elimination of a 15 percent cut in payments that was scheduled to go into effect on October 1, 2002. The bill also deletes the home health co-pay proposed in the Ways and Means bill.

### **Hospitals**

- An update of market basket minus .25 percentage points in FY 2003 for all hospitals except community hospitals, which would receive a full market basket update in FY 2003. All hospitals would receive full market basket updates in FY 2004 and beyond. The bill also earmarks \$2 billion for Medicaid disproportionate share hospitals (DSH).

### **Medicare+Choice**

- Increases in payments to Medicare+Choice plans and the creation of a new competitive bidding system.

### **Other Provisions Affecting Physicians**

- Regulatory relief legislation, H.R. 3391, passed by the House last December.
- A requirement that MedPAC study the effect of refinements to the practice expense component of payments for physicians' services in the case of services that have no physician work. This provision was included in lieu of a revision of the "average wholesale price" payment system for outpatient drugs.
- A study by the Institute of Medicine on the adequacy of the supply of physicians, including specialists, and the factors that affect supply.

## Preventive Benefits

- Coverage of an initial preventive physical examination for new Medicare beneficiaries. Deductibles and copayments would be waived. Coverage of cholesterol and other blood lipid screening tests was also added.

## Rural Areas

- Additional funding for rural health care needs, including a requirement that the GAO study the geographic differences in physician payments.

## Skilled Nursing Facilities

- A \$2.4 billion increase in funding for SNF care over the next five years. The bill would provide a 12 percent add-on to the nursing component of the SNF federal rate between October 2002 and September 2003; a 10 percent add-on to the nursing component from October 2003 through September 2004; and an 8 percent add-on to the component between October 2004 and September 2005.

## Teaching Hospitals

- An increase in the indirect medical education adjustment from its current 5.5 percent to 6.0 percent in FY 2003, and from 5.5 percent under current law to 5.9 percent in FY 2004. Hospitals in rural or small urban areas would have priority for redistribution of unused graduate medical education residency payments.

### *GAO Head Names MedPAC Appointees*

The GAO recently announced that the comptroller general has appointed three new members to the Medicare Payment Advisory Commission (MedPAC). Joining the 17-member panel for three-year terms are Nancy-Ann DeParle, J.D., senior advisor, JP Morgan Partners, and a former administrator of the Health Care Financing Administration (now known as CMS); David Durenberger, president, Public Policy Partners, Inc., and a former U.S. Senator from Minnesota; and Nicholas J. Wolter, M.D., chief executive officer, Deaconess Billings Clinic and pulmonary and critical care physician, Billings Clinic, in Billings Mont.

Leaving the commission are Beatrice Braun, a member of the AARP board of directors; Janet Newport, corporate vice president of public policy for Pacificare Health Systems; and Floyd D. Loop, chief executive officer of the Cleveland Clinic. Their terms expired in April.

MedPAC is an independent federal body that advises Congress on reimbursement issues.

### *Hospital Industry Supports Medicare Package*

Ways and Means Chair Bill Thomas (R-Calif.) and Health Subcommittee Chair Nancy Johnson (R-Conn.) announced on May 29 that they had reached an agreement with the hospital community on revisions to Medicare hospital payments. In a major turnabout, hospitals would receive an additional \$9 billion in funding over 10 years in legislation being drafted by the Ways and Means and Energy and Commerce Committees. Earlier drafts of the bill had included reductions of \$17 billion for the

industry to help pay for improvements in the physician update. Aggressive lobbying by AHA and the Federation of American Hospitals, however, prompted lawmakers to scale back these proposed cuts. Under the agreement reached with Thomas and Johnson, the draft bill would provide a higher Medicare inpatient prospective payment system update of market basket minus 0.25 percentage points, rather than minus 0.55 now in place for FY 2003. Hospitals would receive the full market basket update in FY 2004 and cuts from FY 2004-FY 2007, as contained in the original version of the proposal, would be eliminated.

In a boost for teaching hospitals, the draft proposal would also increase the indirect medical education adjustment from its current 5.5 percent to 6.0 percent in FY 2003, and from 5.5 percent under current law to 5.9 percent in FY 2004. The bill would also increase the Medicare disproportionate share hospital cap to 10 percent for rural and small urban hospitals, phased in over five years. Additionally, it would increase the standardized amount for rural and small suburban hospitals in FY 2003. Payments would also be improved for sole community and critical access hospitals.

The money to pay for improvements in hospital payments reportedly came from a new "scoring" of the prescription drug component by CBO, which reduced its estimates of the proposed benefit by \$10 billion, to \$310 billion.

### *Draft House Bill Improves Outlook for Physician Updates*

The latest version of the Medicare package being developed by the health committees in the House would provide increases of approximately 2 percent over the next three years in the physician update. Payments are slated to be reduced by -5.7 percent in 2003, -5.7 percent in 2004, and -2.8 percent in 2005 unless Congress acts. The proposed package also begins to reform the formula that determines payment and has been endorsed by the AMA. Lawmakers have urged CMS to make changes in the way it accounts for productivity gains, which would add approximately 0.5 percent to the update.

One drawback of the House proposal for physician groups is that updates would revert back to current law in 2006, with the possibility of reductions of -18 percent to -20 percent in the update. However, committee chairs say that they are committed to revisiting this issue before these cuts transpire and argue that budget constraints preclude them from providing a more permanent solution this year that would avoid these reductions.

Markups in the Ways and Means and Energy and Commerce Committees on the Medicare package are tentatively scheduled for the week of June 10. In addition to improvements in physician payments, the bill will also include a prescription drug benefit, increases for Medicare + Choice plans, more funding for nursing homes, changes in how physicians are reimbursed for outpatient drugs, and elimination of a planned 15 percent reduction for home health services.

## AGENCY UPDATES

### *Agency for Healthcare Research and Quality*

Grants Now On-Line—A database of the grants funded by AHRQ in 2001 is now online. Over the next several months, the agency will be expanding the database to include grants funded in FY 2002, as well as adding more search capabilities.

To visit the database, go to <http://www.gold.ahrq.gov>.

**New Hospital Data Available—**AHRQ announced July 2 that it has added data for 2000—the most recent available information on hospital stays—to its HCUPnet. The Web-based HCUPnet is a free service that enables users to identify, track, analyze, and compare statistics on the inpatient care of Americans in the nation as a whole, regions of the country, and in specific states. It also contains national trend data for 1993-2000, which shows, for example, that patients on average spent nearly 20 percent less time in hospitals in 2000 than in 1993. Regarding trends in specific conditions, while the number of patients treated for septicemia has fallen, hospital discharges for affective disorders, primarily depression, increased over 35 percent from 1993 to 2000.

To access HCUPnet go to <http://www.ahrq.gov/data/hcup//hcupnet.htm>.

#### ***Centers for Medicare & Medicaid Services***

**Physician Fee Schedule Reg Released—**CMS on June 27 released a proposed rule that updates physician payment rates under Medicare for 2003 and revises a number of other policies affecting Medicare Part B payment. Regarding the update for 2003, CMS proposes a change in the formula for calculating the Medicare Economic Index. Specifically, CMS would change the methodology for adjusting for productivity in the MEI. As a result of this change, the projected update for 2003 would be about 0.7 percent higher than under the current system (3 percent as compared with 2.3 percent). However, overall, CMS projects that the actual update for 2003 would be a negative 4.4 percent due primarily to the impact of the Sustainable Growth Rate (SGR) which limits the rate of growth of expenditures for physician services. CMS estimates that physician rates would be reduced by 5.1 percent for 2003. It will revise these estimates later this year.

In a press release announcing the publication of the proposed rule, CMS reiterates that it "Does not have authority to make changes in the formula." The agency states further; "The administration is continuing to work with Congress to explore ways to address unexpected reductions in physician payment rates to ensure adequate physician payments in the future, while protecting Medicare beneficiaries from excessive outlays for physician services. Any changes to the formula specified in the Medicare law will require legislative action."

Currently the costs incident to drugs are included in the SGR. CMS accounts for price changes to drugs using the MEI. However, drug prices have gone up much more rapidly than the MEI and CMS indicates it will change its methodology and use actual growth in drug prices. This will be done beginning with the SGR for CY 2001.

In other changes, CMS proposes to nearly double the Medicare payment for administration of some vaccine immunizations from \$3.98 to approximately \$8.00. The proposed rule would also expand coverage of telehealth services in 2003 to include psychiatric diagnostic interviews because these services are similar to telehealth services already covered by Medicare. In addition, a regular process is established for adding or deleting services from the definition of telehealth services on an annual basis.

CMS also released an interim final rule dealing with practice expense survey data that can be submitted by specialty societies to supplement the AMA SMS survey data. Comments on both rules are due by August 27, 2002.

The rules can be found in the June 28 issue of the Federal Register at [http://www.access.gpo.gov/su\\_docs/fedreg/a020628c.html](http://www.access.gpo.gov/su_docs/fedreg/a020628c.html) and scroll down to the Centers for Medicare and Medicaid Services.

#### ***National Institutes of Health***

**New Director Begins—**Elias Adam Zerhouni, M.D., assumed the helm of NIH on May 20, HHS announced. A radiologist, Zerhouni was most recently executive vice dean of Johns Hopkins University School of Medicine, chair of the Russell H. Morgan department of radiology and radiological science, and Martin Donner professor of radiology and professor of biomedical engineering. He succeeds Harold Varmus, M.D., who left NIH in 2000.

# NEW

## AASM ACCREDITED

### SLEEP DISORDERS CENTERS AND LABORATORIES

California Center for Sleep Disorders - Walnut Creek  
3012 Summit Street, 5th Floor, D-Wing  
Oakland, CA 94609  
Accredited Center

Center for Sleep Disorders  
Loyola University Medical Center  
2160 South First Avenue, Building 54, Room 131  
Maywood, IL 60153  
Accredited Center

Charleston Sleep Solutions  
301 Forty-ninth Street  
Charleston, WV 25304  
Accredited Laboratory

Diagnostic Sleep Lab  
Medical City Dallas Hospital  
7777 Forest Lane, Building A 4-South  
Dallas, TX 75230  
Accredited Laboratory

GulfShore Sleep Disorders Center, LLC  
22A Doctors Drive  
Ocean Springs, MS 39564  
Accredited Center

Marlborough Clinic for Sleep Disorders  
320 Bolton Street  
Marlborough, MA 01752  
Accredited Center

Maui Chest Medicine  
380 Huku Lii Place 204  
Kihei, Maui, HI 96753  
Accredited Center

MCH Sleep Apnea Center  
Muhlenberg Community Hospital  
440 Hopkinsville Street, PO Box 387  
Greenville, KY 42345  
Accredited Laboratory

MeritCare Sleep Disorders Center  
MeritCare Health System  
720 4th Street North  
Fargo, ND 58122  
Accredited Center

Ochsner Clinic Baton Rouge Sleep Disorders Center  
9001 Summa Avenue  
Baton Rouge, LA 70809  
Accredited Center

Olathe Medical Center Sleep Disorders Center  
Olathe Medical Center, Inc.  
20333 West 151st Street  
Olathe, KS 66061  
Accredited Center

Saint Cloud Hospital Sleep Disorders Program  
Saint Cloud Hospital  
48 - 29th Avenue North  
Saint Cloud, MN 56301  
Accredited Center

Sleep Disorders Center  
St. Luke Hospital West  
7380 Turfway Road  
Florence, KY 41042  
Accredited Center

Sleep Disorders Center  
Waukesha Memorial Hospital  
725 American Avenue  
Waukesha, WI 53188  
Accredited Center

St. Clare Hospital and Health Services Sleep Disorders Laboratory  
707 14th Street  
Baraboo, WI 53913  
Accredited Laboratory

St. Vincent's Sleep Disorders Center  
St. Vincent's Drive, Suite 727  
Birmingham, AL 35205  
Accredited Center

The Sleep Lab at Montgomery Hospital  
Montgomery Hospital Medical Center  
1301 Powell Street  
Norristown, PA 19404  
Accredited Laboratory

The Sleep Lab @ Riverview by: Complete Health Diagnostics, Inc.  
300 Southside Avenue  
Gadsden, AL 35901  
Accredited Laboratory

Thibodaux Regional Medical Sleep Disorders Center  
Thibodaux Regional Medical Center  
PO Box 1118  
Thibodaux, LA 70302  
Accredited Center

University of Washington Sleep Disorders Center  
Harborview Medical Center  
325 9th Avenue, Box 359803  
Seattle, WA 98104  
Accredited Center

# ABSM Diplomates

The following is a list of individuals who passed the American Board of Sleep Medicine Part II certification examination. The Board extends its congratulations and best wishes. From this time forward, these individuals may refer to themselves as Diplomates of the American Board of Sleep Medicine.

Fariha Abbasi-Feinberg, M.D.  
Gastonia, N.C.

Yousef Abou-Kayyas, M.D.  
Dallas, Texas

Qanta A. Ahmed, M.D.  
Staten Island, N.Y.

Karuna Ahuja, M.D.  
Sanford, Fla.

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# ABSM Diplomates

# 2002

## International Mini-Fellowship Training Program

The International Affairs Committee is pleased to announce the completion of the first year of the Academy's International Mini-Fellowship Training Program. This past winter, the Academy accepted applications from physicians outside of the United States for a four-week mini-fellowship training program. Under the direction of Committee Chair Mansoor Ahmed, M.D., the focus of the program is to support the proliferation of the practice of sleep medicine through education of foreign physicians in places without sleep centers.

Fellows invited to attend a three-week fellowship at accredited AASM sleep centers were also provided with complimentary registration for the APSS Annual Meeting in Seattle. Two trainees were selected in March, Agnes Tirona-Remulla, M.D., of the Philippines and Francisco Javier Puertas, M.D. of Spain. Dr. Tirona-Remulla trained with Dr. Samuel Kuna at the University of Pennsylvania in Philadelphia and Dr. Puertas trained with Dr. John Shepard at the Mayo Clinic in Rochester, Minn. The Academy is grateful to these host institutions for providing training to these two outstanding candidates. The fellows provided their own air travel and room and board during their stay. The Academy provided a collection of educational materials and APSS registration fees for the two fellows.

Dr. Tirona-Remulla expressed thankfulness for the opportunity provided by the Academy. "As a physician from an underserved and technologically disadvantaged nation, it was very difficult for me to find training in sleep medicine. The month I spent in the U.S. was very enriching and solidified my resolve to pursue this field further and bring the expertise and service home to the Philippines."

Dr. Puertas echoed this sentiment of opportunity and education. "This stay allowed me to know directly the structure, organization and protocols in technical, scientific and clinical aspects of a big sleep center. This experience will be very useful to increase my previous training in sleep medicine. Every day you increase your knowledge of useful ideas that you can bring to your own practice, that allow you to improve the care of your patients or the efficiency of your sleep lab."

Drs. Puertas and Tirona-Remulla both spoke at a brief reception during the APSS meeting, expressing their thankfulness to their mentors. "As my mentor, I would appreciate especially to Dr. Shepard his efforts to make my stay an unforgettable personal experience," said Dr. Puertas. Dr. Tirona-Remulla added, "To the AASM and the kind people from the University of Pennsylvania, I give my wholehearted thanks. I hope this generous commitment to spreading the knowledge will continue and bear fruit throughout the world in the near future."

The International Affairs Committee is looking forward to increasing the number of trainee fellowships in the coming year. Please watch for information regarding the 2003 mini-fellowship trainee program on the Academy's Web site this fall. Accredited centers are encouraged to contact the national office at 708-492-0930 for information on hosting a trainee next year.

# American Academy of Sleep Medicine - Product Order Form

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# August 2002

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<b>Association Name</b>	<b>Meeting Name</b>	<b>Dates</b>	<b>Location</b>
American Academy of Sleep Medicine	Board of Directors Meeting	August 2-4	Portland, Maine
Sleep Research Society	Board of Directors Meeting	August 13	Conference Call

# September 2002

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<b>Association Name</b>	<b>Meeting Name</b>	<b>Dates</b>	<b>Location</b>
National Heart Lung and Blood Institute	Advisory Council Meeting	September 5-6	NIH
National Institute of Neurological Disorders and Stroke	Advisory Council Meeting	September 12-13	NIH
National Institute of Mental Health	Advisory Council Meeting	September 13	NIH
National Institute on Nursing Research	Advisory Council Meeting	September 17-18	NIH
National Institute on Drug Abuse	Advisory Council Meeting	September 18-19	NIH
National Institute on Alcohol Abuse and Alcoholism	Advisory Council Meeting	September 19	NIH
National Institute of Child Health & Human Development	Advisory Council Meeting	September 23-24	NIH
National Institute on Aging	Advisory Council Meeting	September 24-25	NIH

of events

OFFICE FOR

# C L A S S I F I E D S

Keynote Symposium, now in its 11th year, is a showcase for world renowned sleep specialists to share their insights about the most recent advances in Sleep Medicine. This CME event will be held September 20, 2002 in Dublin, Ohio. For additional information regarding speakers and topics, please call Crystal at 614-792-7632 or 614-766-0773, email [sleepohio@aol.com](mailto:sleepohio@aol.com).

Full-time, board certified sleep physician wanted to join five-physician group in Northeastern Wis. Established, hospital based, accredited, four bed clinic/laboratory expanding to six beds. Directorship available. Please send copy of CV to: Jeffrey R. Whiteside MD, 820 E. Grant St., Appleton, WI 54911

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In November 1997, the American Academy of Sleep Medicine was awarded full accreditation by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. Since that time, the AASM CME Committee has worked to establish guidelines and procedures to enter into joint sponsorship agreements with organizations not accredited to sponsor CME educational activities. At this time, the Committee is pleased to announce its intent to accept applications from AASM accredited member centers and laboratories and other entities for joint sponsorship with the AASM.

If you are interested in offering CME credit for physician educational activities, please contact Jennifer Markkanen at the AASM National Office by phone at (507) 287-6006, or by e-mail at [jmarkkanen@aasmnet.org](mailto:jmarkkanen@aasmnet.org) for additional information and an application for CME credit.

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