

Position Statement on the Practice of Sleep Medicine and Dentists

The diagnosis and treatment of sleep apnea (SA) are the practice of medicine. In many cases, sleep apnea interacts with additional medical illnesses including complex cardiovascular, pulmonary, and neuropsychiatric disorders. Appropriate medical training is necessary to ensure the optimal treatment of patients with any or all of these conditions. Currently, formal training for sleep medicine involves a minimum 1 year fellowship that is predicated on the completion of a medical degree, with additional requirements including a formal examination to achieve board certification status in sleep medicine.

A licensed physician with appropriate training should evaluate patients to determine whether they are candidates for objective testing (including polysomnography) and treatment (including positive airway therapy, oral appliance therapy, or surgery). A physician may not delegate the diagnosing of sleep apnea, including the ordering of a polysomnogram, to a dentist. If the physician determines that the patient has SA and should undergo oral appliance therapy, then the physician may refer the patient to a dental sleep specialist for oral appliance therapy. Any such oral appliance therapy by a dentist must be carried out pursuant to a prescription from the physician and as part of the physician's comprehensive treatment plan. Clinical follow up and further treatment decisions should continue to be performed by a licensed physician.

The Board's position is that if a dentist were to diagnose and treat sleep apnea independently, this would be a violation of the Texas Medical Practice Act. This would include a dentist ordering a sleep study. The Board's position is supported by the guidelines of the American Academy of Sleep Medicine, as well as the American Academy of Dental Sleep Medicine.