Whereas, Obstructive sleep apnea (OSA) is a chronic medical disease that involves the collapse or near collapse of the upper airway during sleep despite an ongoing effort to breathe; and

Whereas, AMA policy recognizes OSA as a major public health issue (Policy D-440.943); and

Whereas, Untreated OSA is a potentially lethal disease that has a detrimental impact on health and well-being, increasing the risk of high blood pressure, cardiovascular disease, stroke, Type 2 diabetes, depression and mortality1; and

Whereas, Polysomnography (PSG) and a home sleep apnea test (HSAT) are objective tests that may be used for the diagnosis of OSA or primary snoring in patients presenting with signs and symptoms that indicate an increased risk of OSA2; and

Whereas, It is AMA policy to ensure that non-physician scope of practice is determined by training, experience, and demonstrated competence (D-35.996); and

Whereas, Determining appropriateness of, ordering and interpreting objective tests for OSA and primary snoring have been challenged by non-physicians without training, experience, and demonstrated competence3,4; therefore be it

RESOLVED, That it be policy of our American Medical Association that (1) ordering and interpreting objective tests aiming to establish the diagnosis of obstructive sleep apnea (OSA) or primary snoring constitutes the practice of medicine; (2) the need for, and appropriateness of, objective tests for purposes of diagnosing OSA or primary snoring or evaluating treatment efficacy must be based on the patient’s medical history and examination by a licensed physician; and (3) objective tests for diagnosing OSA and primary snoring are medical assessments that must be ordered and interpreted by a licensed physician. (New HOD Policy)

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RELEVANT AMA POLICY

Obstructive Sleep Apnea D-440.943
Our AMA: (1) recognizes Obstructive Sleep Apnea (OSA) as a major public health issue; (2) encourages a national public education campaign by appropriate federal agencies and relevant advocacy groups; (3) encourage research into the association of OSA with metabolic, cardiovascular, respiratory, and other diseases; and (4) encourages that all physicians become knowledgeable about the diagnosis and management of OSA.
Res. 521, A-09; Reaffirmed: Res. 107, A-14

Scope of Practice Model Legislation D-35.996
Our AMA Advocacy Resource Center will continue to work with state and specialty societies to draft model legislation that deals with non-physician independent practitioners’ scope of practice, reflecting the goal of ensuring that non-physician scope of practice is determined by training, experience, and demonstrated competence; and our AMA will distribute to state medical and specialty societies the model legislation as a framework to deal with questions regarding non-physician independent practitioners’ scope of practice.
Res. 923, I-03; Reaffirmed: BOT Rep. 28, A-13