Introducer by: American Academy of Sleep Medicine

Subject: The Clinical Use of a Home Sleep Apnea Test

Referred to: Reference Committee B
(Ralph J. Nobo, Jr., MD, Chair)

Whereas, For the purposes of this resolution, the term “physician” refers to a medical provider who is licensed to practice medicine; and

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, OSA afflicts nearly 30 million U.S. adults¹, and the prevalence of OSA has increased substantially over the last two decades and is likely to continue rising in tandem with an escalation in obesity and the aging of our population²; 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 mortality³; and

Whereas, A home sleep apnea test (HSAT) is a medical assessment that may be used for the diagnosis of OSA in uncomplicated adults presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA⁴; and

Whereas, Most HSAT studies, including randomized controlled trials that are most generalizable to clinical practice, have involved accredited sleep centers and the clinical expertise of board-certified sleep medicine physicians; and

Whereas, Data suggest that sleep medicine accreditation and certification are associated with higher quality care for patients with OSA⁵; therefore be it

RESOLVED, That it be the policy of our American Medical Association that: (1) the diagnosis of obstructive sleep apnea (OSA) or primary snoring constitutes the practice of medicine; (2) that the need for, and appropriateness of, a home sleep apnea test (HSAT) for purposes of diagnosing OSA or primary snoring or evaluating treatment efficacy must be based on the patient’s medical history and a face-to-face examination by a physician, either in person or via telemedicine; and (3) that an HSAT is a medical assessment that must be ordered by a physician to diagnose OSA or evaluate treatment efficacy in the practice of medicine (New HOD Policy); and be it further

RESOLVED, That it be our AMA’s policy that (1) an HSAT should not be used for general screening of asymptomatic populations for OSA; (2) diagnosis of OSA, assessment of treatment efficacy, and treatment decisions must not be based solely on automatically scored HSAT data, which could lead to sub-optimal care that jeopardizes patient health and safety; and (3) for purposes of diagnosing OSA or evaluating treatment efficacy, the raw data from the HSAT device must be reviewed and interpreted by a physician who is either board-certified in sleep medicine or overseen by a board-certified sleep medicine physician (New HOD Policy); and be it further

RESOLVED, That our AMA support the legislative and regulatory efforts of interested state and specialty medical societies in opposing policies that would allow an HSAT to be ordered by a non-physician and distributed or used for purposes of diagnosing OSA or evaluating treatment efficacy without the oversight of a physician. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 10/11/17