

GEORGIA BOARD OF DENTISTRY
Sleep Apnea Committee Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
December 22, 2022
5:00 p.m.

The following Committee members were present:

Dr. Michael Knight, Chair
Ms. Misty Mattingly
Dr. Brent Stiehl

Staff present:

Eric Lacefield, Executive Director
Max Changus, Senior Asst Attorney General
Clint Joiner, Attorney
Brandi Howell, Business Support Analyst I

Open Session

Dr. Knight established that a quorum was present and called the meeting to order at 5:05 p.m.

Introduction of Visitors

There were no visitors present on the call.

Approval of Minutes

Dr. Stiehl made a motion to approve the May 27, 2022, Conference Call minutes. Ms. Mattingly seconded, and the Committee voted unanimously in favor of the motion.

Sleep Apnea Policy Discussion

The Committee discussed the policy voted on by the Sleep Apnea Committee in May and discussed with the full Board in June. Dr. Knight inquired as to what needed to be done to move forward. Mr. Lacefield commented that the Georgia Dental Association (GDA) provided comments on the amendments made to the policy and provided suggested changes for consideration.

Dr. Stiehl read the following proposed changes submitted by Mr. Scott Lofranco, GDA:

1. Depending upon the diagnosis by a licensed physician of the type and severity, one possible treatment for Sleep Related Breathing Disorders (“SRBDs”), including Obstructive Sleep Apnea (“OSA”), is the use of oral appliances.
2. The design, fitting, and use of oral appliances pursuant to a physician’s order, and the maintenance of oral health related to the appliance falls within the scope of practice dentistry.
3. Georgia dentists are not prohibited from ordering a home sleep apnea study for a patient of record ~~sleep apnea tests~~. However, the clinical diagnosis of a sleep disorder and interpretation of a sleep study fall outside of the scope of practice of dentistry and must be performed by a licensed physician, preferably one specializing in the treatment of SRBDs. ~~Diagnosis of sleep apnea is solely in the purview of the patient's physician and the practice of medicine.~~
4. When a physician diagnoses OSA in a patient, and the treatment with oral appliance therapy (“OAT”) is recommended through written or electronic referral, a dentist should evaluate the patient for the appropriateness of fabricating a suitable oral appliance. If deemed appropriate by

the physician in consultation with the dentist, the dentist should fabricate an oral appliance, monitor its effectiveness, and titrate the appliance as necessary.

5. Dentists should obtain appropriate patient consent for treatment that reviews the proposed treatment plan, all available options and any potential side effects of using oral appliances and expected appliance longevity.
6. Dentists treating SRBDs with OAT should be capable of recognizing and managing the potential side effects through treatment and proper referral to other dental specialists and/or physicians.
7. Dentists who provide OAT to patients should monitor and adjust the Oral Appliance (“OA”) for treatment efficacy as needed, or at least annually. As titration of OAs has been shown to affect the final treatment outcome and overall OA success, the use of unattended cardiorespiratory (Type 3) or (Type 4) portable monitors may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of these portable monitoring devices may assess the objective interim results for the purposes of OA titration.
8. Dentists treating SRBD should continually update their knowledge and training of dental sleep medicine with related continuing education.
9. Dentists should maintain regular communications with the patient’s referring physician and other healthcare providers to the patient’s treatment progress and any recommended follow-up treatment.
10. Follow-up sleep testing by a physician should be conducted to evaluate the improvement or confirm treatment efficacy for the OSA, especially if the patient develops recurring OSA relevant symptoms or comorbidities.
11. Dentists are allowed to dispense portable monitors for patients at risk for sleep apnea.
12. ~~3. — Dentists are allowed to order portable monitors for patients identified by the dentist as being at risk for sleep apnea.~~
13. ~~4. — Dentists are allowed to use a portable monitor to help determine the optimal effective position of a patient's oral appliance.~~
14. ~~5. — Dentists are allowed to order a portable monitor to verify the effectiveness of an oral appliance.~~

Discussion was held by the Committee regarding the GDA’s suggested language. Dr. Stiehl stated that it sounded as if the GDA does not want the dentist to do the monitoring. Ms. Mattingly commented that the language suggested by GDA is much more detailed.

Dr. Stiehl inquired as to what Mr. Changus’ thoughts were because the Committee wanted to keep the language broad. Mr. Changus responded by stating that the Board has previously stated that the diagnosis of sleep apnea was within a licensed physician’s purview and what GDA has recommended is much more detailed in terms of what the Committee had previously suggested. Mr. Changus stated that the recommended language talks about treating these disorders and that is getting into the treatment of medical conditions again, which is of concern. In terms of the statement itself, Mr. Changus inquired if this sounds like what a dentist does. Dr. Stiehl answered affirmatively, but stated that the

point is to allow dentists to order at home sleep study tests and GDA's suggested language completely eliminates that.

Dr. Stiehl stated that he uses a CPAP and discussed his personal experience having a recent sleep study. He explained that he has a yearly appointment with a sleep physician. He stated that the physician monitors the CPAP, but could not read it and suggested Dr. Stiehl order a new CPAP. He continued by stating that in order for him to get a new CPAP, a new sleep study was required. Dr. Stiehl stated that the sleep study could be done in a lab or at home. He explained that he chose the home study and had to go pick it up. He continued by stating that when he went to check out, he was told the amount that was due, but his portion was only 20% of the total bill. Dr. Stiehl added that the total amount did not include the physician's diagnosis and it would cost around \$1500 just for the take home appliance. He stated that it should not cost that much to patients and that is why he feels dentists should be able to do this. Dr. Stiehl stated that sleep monitors costs a couple hundred bucks and that is why he was not in favor of GDA taking out the Committee's proposed language. Mr. Changus stated that it may be appropriate for the full Board to have that discussion with the GDA.

Ms. Mattingly stated that she researched every state and there is nothing that obtrusive out there. She further stated that what the Committee originally suggested is what should be presented to the Board. Dr. Knight agreed and stated that the bullet items in the Committee's suggested language were simple and straightforward. Ms. Mattingly commented that she would understand GDA's proposal if there was another state with something similar but there is not. Mr. Changus stated that the Board is trying to give them the option of taking the home sleep study tests.

After further discussion was held, Dr. Stiehl made a motion to refer the Committee's original policy changes to the full Board for consideration. Ms. Mattingly seconded, and the Committee voted unanimously in favor of the motion. The Committee's original policy changes voted on at its May meeting read as follows:

The Georgia Board of Dentistry met on April 1st, 2022, and addressed the ability of dentists to order a sleep study.

The Board's opinion has changed since 2016 and recommends the adoption of the following to be updated in the Georgia Board of Dentistry Policy Manual:

- *Georgia dentists are not prohibited from ordering sleep apnea tests. Diagnosis of sleep apnea is solely in the purview of the patient's physician and the practice of medicine.*
- *Dentists are allowed to dispense portable monitors for patients at risk for sleep apnea.*
- *Dentists are allowed to order portable monitors for patients identified by the dentist as being at risk for sleep apnea.*
- *Dentists are allowed to use a portable monitor to help determine the optimal effective position of a patient's oral appliance.*
- *Dentists are allowed to order a portable monitor to verify the effectiveness of an oral appliance.*

There being no further business to come before the Committee, the meeting was adjourned at 5:25 p.m.

Minutes recorded by Brandi Howell, Business Support Analyst I
Minutes edited by Eric R. Lacefield, Executive Director