

AMERICAN SLEEP APNEA ASSOCIATION
1424 K Street, NW Ste. 302
Washington, DC 20005



Edward Grandi, Executive Director

The **American Sleep Apnea Association (ASAA)** supports the proposed decision to permit Level II, III, and possibly IV devices in the diagnosis and management of obstructive sleep apnea because 1) it will be less costly for people currently diagnosed with sleep apnea to transition from private insurance to Medicare and 2) it will permit greater access to populations currently underserved by the exclusive reliance on Level I testing. (See our previous comments in 2007)

The ASAA is concerned that proposed changes eliminate the involvement of the sleep medicine professional in the diagnostic and treatment process. This could be detrimental to effective treatment for the Medicare beneficiary unless the licensed treating physician has competency in sleep medicine.

The proposed decision in moving away from polysomnography will place a greater responsibility on the licensed treating physician to document decisions in the management of the beneficiary. The **ASAA** makes the following recommendations in light of this fact:

- The **ASAA** recommends the use of outcome measures to determine the benefit of the 12-week CPAP trial. These measures, which are part of the clinical evaluation, should be used before and during the trial to determine if there was a reduction in daytime sleepiness and in sleep disruption. An additional measure at the end of the trial period should be a read-out from the CPAP device itself that shows time at effective pressure, residual respiratory events and leak information.
- The **ASAA** recommends establishing a minimum acceptable compliance level below any threshold established by the American Academy of Sleep Medicine during the 12-week trial period, as it is likely that there will be some patients in whom successful therapy is established only in the later weeks of therapy.
- **ASAA** recommends that there be mandatory follow-up by the prescribing physician during the 12-week period to make certain the beneficiary is not having issues about the use or utility of CPAP therapy.

The **American Sleep Apnea Association** is cautiously optimistic about this new policy, but concerns remain about the lack of language acknowledging the need for sleep medicine expertise for sleep disorders comorbid with sleep apnea. Lacking appropriate follow-up in the stages of treatment after the trial period (e.g. 6 to 12 months), an early improved access will not automatically result in a greater number of effectively treated people for this lifelong condition.