

Perspective on Advocacy for Dental Sleep Medicine

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The field of dental sleep medicine (DSM) does not exist in a vacuum. It can be influenced by state regulations, federal legislation as well as federal and private insurance policies. The AADSM encourages members to support AADSM efforts through their own individual efforts to advocate for regulations and rules that promote best practices and optimal patient care. Dr. Michael Simmons, the recipient of the 2025 Distinguished Service Award, recently provided some insights into how he has advocated for DSM.

WHAT ARE WAYS THAT YOU HAVE USED ACTIVISM TO POSITIVELY IMPACT THE FIELD OF DENTAL SLEEP MEDICINE?

“Advocacy for dentists’ engagement in sleep medicine has been a decades-long priority for me, after recognizing poor outcomes from the aggregated impact of medicine and public health on population sleep health. The evolutionary journey to increase dentists’ engagement has been slow, but changes continue to occur as a result of perseverance.

For my part, I have advocated that dentists should have more ownership of sleep disorders. This includes, depending on the individual dentist’s expertise: triage; the diagnosis and treatment of uncomplicated cases; expedited referral of more complex cases; and the realization that dentists should include in sleep care, more than just management of sleep bruxism and sleep-related breathing disorders (SRBD).

Since SRBD is the low hanging fruit my advocacy has included authorship of the American Dental Association (ADA) resolution, along with Dr. Keith Thornton, submitted by the 2015 Texas delegation to the ADA. That resolution was unanimously approved and compelled the ADA to take its very first position on dentists’ role in SRBD. Advocacy in organized dentistry, directed at the California Dental Association (CDA) house of delegates, includes a hefty number of sleep-related resolutions, over decades with some wins, some losses, but definitely an increasing awareness. In 2023, the CDA house of delegates supported dentists providing home sleep apnea testing.

Other approaches include engaging California legislators, with colleague AASM members, on public health sleep issues such as delayed school start times. Through these and parents combined efforts, California

became the first U.S. state to legislate delayed school start times in 2022. I have also engaged legal experts, resulting in written legal opinions to support my advocacy efforts. Additionally, I continue to communicate with the Dental Board of California, updating them on why dentists need to be primary care providers of sleep healthcare, and why it does not serve or protect the public to disenfranchise dentists that want to help their patients with sleep disorders.

In the big picture I research, publish, debate and bend anyone’s ear on this advocacy topic. My experience as a single advocate is limited, but if other AADSM members were to duplicate and improve on these attempts at every dental board, and legal/legislative opportunity both in the US and internationally, I believe there would be a significant increase in population sleep health.”

Michael Simmons, DMD, MScMed, MPH, MSc, FAASM, FAAOP



Dr. Michael Simmons

HIGHLIGHTS FROM RECENT AADSM ADVOCACY

Over the past year, the AADSM has made notable efforts and achievements in advocacy for its members. The following are some of the highlights:

- In summer of 2024, the Centers for Medicare and

Medicaid Services (CMS) published a proposed rule and request for information (RFI) on oral appliance therapy. In this RFI, CMS indicated that there could be significant changes to OAT reimbursement, including moving coverage from durable medical equipment to the Physician Fee Schedule. The AADSM submitted testimony, met with CMS leaders, and worked with other professional and patient advocacy groups to advocate for Medicare, to keep oral appliance therapy under the DME benefit. In its 2025 final rule, there were no new policies regarding OAT, but the AADSM has continued its advocacy efforts on this topic.

- The AADSM sent letters to several organizations announcing the updated [Standards for Practice paper](#). This included:
 - State Dental Boards
 - State Insurance Commissioners
 - Commercial Insurance Companies
 - Medical and Dental Societies

The letter informed these groups of our updated standards, highlighted the importance of in-person care and working with qualified dentists, and offered the AADSM as a resource should they want any additional clinical expertise on the topic of OAT for obstructive sleep apnea.

- Drs. Kevin Postol and Michelle Cantwell attended

the Project Sleep Advocacy Forum and Hill Day. This event, held in Washington DC, included a one-day forum for a diverse group of policymakers focusing on sleep equity and public health, followed by a day of meetings with Congressional offices. In total, we conducted 50 Congressional Office visits. By attending this event, the AADSM was able to build positive relationships with several patient advocacy organizations, creating new avenues to promote oral appliance therapy to patients.

- The AADSM recommended that Aetna not preclude reimbursement for a custom appliance if they reimbursed for a prefabricated one. Also, either appliance should be made by a qualified dentist.
- This summer, Dr. Kevin Postol met with the Chief Medical Officer at Highmark. Dr. Postol advocated for patients to have access to oral appliance therapy provided by qualified dentists, discussed how to overcome obstacles for dentists to be in-network, and promoted the AADSM's recent update to its [Standards for Practice paper](#).

The AADSM remains committed to continuing its efforts to advocate for its members and their patients.

CITATION

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