

Resolution No.	27	New <input checked="" type="checkbox"/>	Substitute <input type="checkbox"/>	Amendment <input type="checkbox"/>
Submitted By:	Sixth District Dental Society			
Date Submitted:	May 18, 2026	Reference Committee <input checked="" type="checkbox"/>	Direct to House <input type="checkbox"/>	
Total Financial Implication:	\$			
Amount One-time	\$	Amount On-going	\$0	

**Comprehensive CE for OAT for OSA**

1 **Background Statement:** This resolution recommends that the NYSDA encourage the  
 2 New York State Education Department to update their interpretation of Education Law  
 3 §§6604-A(4) and 6609-A(4) to accept comprehensive continuing education addressing  
 4 the provision of oral appliance therapy for the treatment of obstructive sleep apnea, a  
 5 serious medical condition, to ensure that dentists have the necessary knowledge to  
 6 safely screen patients, fabricate and fit oral appliances, manage side effects, coordinate  
 7 follow-up care, and collaborate with physicians in accordance with established clinical  
 8 guidelines.

9 The Education Department’s current interpretation excludes courses that include the  
 10 terms “sleep medicine” or “medicine” in the course title and/or courses that include  
 11 content on topics considered outside the scope of practice for dentists. Under this  
 12 interpretation, only content relevant to the fabrication of intra-oral sleep disorder  
 13 appliances and the care and maintenance of oral appliances may be considered  
 14 acceptable for continuing education credit. Limiting accepted continuing education in  
 15 this manner may leave dentists insufficiently trained in the medical disorder they are  
 16 expected to help manage through oral appliance therapy.

17 Obstructive sleep apnea treatment is inherently collaborative and requires coordination  
 18 between physicians and dentists. Physicians diagnose obstructive sleep apnea, while  
 19 dentists provide oral appliance therapy when appropriate. Comprehensive continuing  
 20 education in dental sleep medicine helps ensure dentists understand relevant medical  
 21 considerations, communicate effectively with physicians, and deliver care within a  
 22 coordinated, team-based model in accordance with established clinical guidelines and  
 23 standards. Dentists receive minimal education on obstructive sleep apnea and oral  
 24 appliance therapy during dental school. To provide optimal care, dentists must receive  
 25 continuing education on topics including patient screening, patient education, informed  
 26 consent, appliance selection, fabrication, fit, calibration, side effect management, and  
 27 ongoing follow-up care. Oral appliance therapy also requires careful patient selection,  
 28 proper appliance fabrication, and ongoing monitoring to prevent complications such as  
 29 dental movement, bite changes, or temporomandibular joint issues. Comprehensive  
 30 continuing education equips dentists with the knowledge needed to identify appropriate

31 candidates for treatment, manage potential side effects and maintenance, and ensure  
32 safe and effective treatment outcomes.

33

34 Unlike many traditional dental procedures, oral appliance therapy is not a one-time  
35 dental service, but rather a long-term treatment for a chronic medical condition. It  
36 requires ongoing monitoring, adjustments, and coordination with a patient's medical  
37 providers. Comprehensive continuing education is therefore essential to ensure  
38 treatment is delivered accurately, safely, and in a manner that supports long-term  
39 patient outcomes.

40 The American Dental Association (ADA) encourages dentists treating sleep-related  
41 breathing disorders to continually update their knowledge and training in dental sleep  
42 medicine through continuing education. Accepting comprehensive dental sleep  
43 medicine education helps ensure dentists are practicing in alignment with established  
44 clinical guidelines and standards, maintains regulatory consistency, and supports  
45 dentists in seeking the training necessary to safely treat patients with obstructive sleep  
46 apnea.

47 This resolution is not advocating for dentists to practice medicine, but it is critically  
48 important for them to understand medical conditions and their potential effects on the  
49 oral cavity. **(Appendix F)**

#### 50 **PREVIOUS ACTION BY NYSDA / ADA (Appendix G)**

51 The American Dental Association has released a policy statement on the role of  
52 dentistry in the treatment of sleep-related breathing disorders (SRBD) that identify  
53 dentists can and do play an essential role in the multidisciplinary care of patients with  
54 certain sleep related breathing disorders and encourages dentists to screen patients for  
55 SRBD as part of a comprehensive medical and dental history to recognize symptoms of  
56 OSA.

57 **27. Resolved** the NYSDA supports the acceptance of comprehensive continuing  
58 education courses addressing dental sleep medicine to ensure dentists have the  
59 necessary training to safely screen patients, fabricate and fit oral appliances,  
60 manage side effects, coordinate follow-up care, and collaborate with physicians in  
61 accordance with established clinical guidelines; and BE IT FURTHER

62 **RESOLVED:** the NYSDA recommends the New York State Education Department  
63 change their interpretation of the Education Law to more broadly accept continuing  
64 education courses addressing all aspects of dental sleep medicine to ensure  
65 dentists have the necessary training to safely screen patients, understand sleep  
66 health and other treatments for sleep-related breathing disorders, provide informed  
67 consent, fabricate and fit oral appliances, manage side effects, coordinate follow-up  
68 care, and collaborate with physicians in accordance with established clinical  
69 guidelines.