

This is an amendment to 16.5.14 NMAC, Sections 7 and 9, effective 12/14/2019.

16.5.14.7 DEFINITIONS:

A. **“Adjunctive dental services”** means additional procedures, as recognized by the board, used for increasing efficiency, safety, outcome, or performance of dental treatment, including, but not limited to, cosmetic procedures or therapies.

B. **“Botulinum toxin”** means a neurotoxin that temporarily reduces muscle contraction.

C. **“Dermal fillers”** means a resorbable substance injected below the skin surface to reduce lines, wrinkles, or facial grooves, and for the purpose of this rule, are for the oral and maxillofacial regions of the body.

D. **“Obstructive sleep apnea”** means a spectrum of abnormal breathing during sleep that occurs when there is partial or complete collapse of the airway.

E. **“Sleep-related breathing disorders”** includes, for the purpose of this section, snoring, upper airway resistance syndrome, and obstructive sleep apnea. These disorders must be diagnosed by a physician.

F. **“Upper airway resistance syndrome”** is a partial collapse of the airway that is an intermediate form of abnormal breathing between snoring and obstructive sleep apnea.

[16.5.14.7 NMAC - N, 7/17/2013; A, 12/14/2019]

16.5.14.9 GUIDELINES FOR DENTISTS TREATING SLEEP-RELATED BREATHING DISORDERS:

A. Dentists treating patients that have been diagnosed by a physician with sleep-related breathing disorders, including, but not limited to, primary snoring, upper airway resistance syndrome or obstructive sleep apnea are to follow these guidelines published by the American dental association, the American academy of dental sleep medicine and American academy of sleep medicine.

(1) “the role of dentistry in the treatment of sleep-related breathing disorders” (American dental association);

(2) “dental sleep medicine standards for screening, treating and managing adults with sleep-related breathing disorders” (American academy of dental sleep medicine);

(3) “clinical practice guideline for the treatment of obstructive sleep apnea and snoring with oral appliance therapy: an update for 2015” (joint statement, American academy of sleep medicine and American academy of dental sleep medicine).

B. Dentists cannot diagnose sleep related breathing disorders, but are a vital partner in treating these conditions in collaboration with medical colleagues.

[16.5.14.9 NMAC - N, 12/14/2019]