

From: Annelise Thornton <athornton@popsleep.com>

Sent: Tuesday, September 21, 2021 3:47 AM

To: MRB <MRB@dot.gov>

Subject: ATTN: Shannon Watson // RE: Public Comment at the 9/29 Meeting of the MRB

Ms. Shannon L. Watson
Senior Advisor to the Associate Administrator for Policy
Federal Motor Carrier Safety Administration
U.S. Department of Transportation
1200 New Jersey Avenue SE
Washington, DC 20590

Dear Ms. Watson:

I wish to express interest in making a public comment at the upcoming meeting of the Medical Review Board Advisory Committee (MRB) to the FMCSA on September 29, 2021.

My name is Annelise Thornton. I have worked in sleep medicine as a patient-health educator and patient advocate since 2006. Today, I work with employers to leverage sleep to improve health and safety among their employee population.

The recent CPAP recall represents a significant problem for transportation workers who have sleep apnea as well as their employers. Articles published in the Wall Street Journal and other media outlets describe the anguish patients are feeling because of the perception that they must choose between using a defective device that could potentially cause cancer and forgoing treatment. *The good news is that there is hope!*

Oral appliance therapy (OAT) with a mandibular advancement device (MAD) is a non-invasive treatment for obstructive sleep apnea (OSA) that has stood the test of time. This therapy can and does achieve great outcomes – even for people diagnosed with severe apnea. OAT has been part of official treatment guidelines for nearly 20 years, and reimbursement codes were established by Medicare (CMS) in the mid-2000s. Today, most (if not all) commercial insurance carriers have a policy that addresses oral appliance therapy.

There's ample evidence that OAT produces reliable treatment outcomes and is readily accepted by patients. No doubt, the FMCSA is concerned about keeping transportation workers fit for duty as well as population health outcomes. Some of the best research on OAT comes from the DoD and Veterans Administration. They were both among the earliest adopters of OAT at a health systems level.

Perhaps the best news for people affected by the recall (employers, medical examiners, safety officers, and drivers) is that there is now a semi-custom oral appliance that can be delivered by any trained healthcare provider in 15 minutes. This device can be used as a temporary treatment while a patient waits for a CPAP-replacement or a trial device prior to the prescription of a custom oral appliance.

Should anyone at the FMCSA or the MRB like to discuss oral appliance therapy or the feasibility of deploying this alternative on a population scale, I will gladly provide additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Annelise Thornton". The signature is fluid and cursive, with a long horizontal flourish at the end.

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Annelise Thornton, MHS
CEO | Population Sleep

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