

December 17, 2025

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard Baltimore, MD 21244

Dear Administrator Oz,

Thank you for your leadership on health issues and your commitment to patient care. On behalf of the undersigned organizations, we write today to urge the Centers for Medicare & Medicaid Services (CMS) to update obstructive sleep apnea (OSA) scoring criteria by revising their hypopnea scoring definition to match what patients and healthcare providers have recognized for years as the standard in this area. Specifically, that the definition be based on a $\geq 30\%$ decrease in airflow associated with a $\geq 3\%$ reduction in oxygen saturation or an arousal (**H3A**) for diagnosis of OSA in adults, as opposed to the current CMS definition, which requires a $\geq 4\%$ decrease in oxygen saturation to identify a hypopnea (**H4**) and does not acknowledge arousals.

While the H3A definition has been well-established for many years, creating a gap between the professional community, scientific understanding, and CMS policy, recently in 2022, the American Academy of Sleep Medicine's Hypopnea Scoring Rule Task Force outlined several findings (Kapur et al., 2022), which include:

- H3A identifies more symptomatic patients who would benefit from treatment, including those with excessive daytime sleepiness and impaired quality of life.
- Use of H4 disproportionately excludes women and younger individuals from receiving accurate diagnosis and access to treatment options.
- Patients diagnosed under H3A but not H4 (**H4nOSA**) show similar levels of sleepiness and benefit from treatment, as demonstrated in the MERGE trial (Bonsignore et al., 2021).
- Forty percent of H4nOSA patients developed hypertension within five years, highlighting the long-term health risks of untreated OSA.

We respectfully request that CMS modernize to current clinical standards by adopting the H3A hypopnea definition for coverage determinations related to sleep apnea diagnosis and treatment. This will ensure equitable access to treatment options for all symptomatic patients, regardless of age, sex, or desaturation threshold.

OSA is a serious medical condition and a major public health issue linked to cardiovascular disease, diabetes, and impaired cognitive function. Adopting the H3A definition will allow

more Americans to receive timely and effective treatment, improving health outcomes and reducing long-term healthcare costs.

We appreciate your attention to this matter and stand ready to answer any questions related to this request. We look forward to hearing from you or your colleagues and discussing next steps and the timeline to move this important effort forward.

Sincerely,

Alliance of Sleep Apnea Partners

American Academy of Cardiovascular Sleep Medicine

American Academy of Dental Sleep Medicine

American Academy of Sleep Medicine

American Association for Respiratory Care

American Association of Sleep Technologists

American College of Chest Physicians

American Heart Association

American Thoracic Society

Circadian Sleep Disorders Network

Hypersomnia Foundation

Narcolepsy Network

National Sleep Foundation

Project Sleep

Restless Legs Syndrome Foundation

Sleep Consortium

Sleep Research Society

Wake Up Narcolepsy