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Wow, what a year it has been! It seems like yesterday when I assumed the presidency of the AASM and yet so much has transpired. Shortly after assuming the position as president of the Academy, I fondly recall a casual lunch with past presidents Larry Epstein, Stewart Quam, John Shepard and board members Clete Kushida and Rich Berry. I suspect that to them it was not a memorable occasion, just lunch with friends, but to me it proved invaluable. You see, they openly shared experiences that helped them overcome difficult times in their presidency, and, in addition to support, they offered key advice. As you might imagine, the advice variance was substantial but they did seem to reach consensus on one strategy for handling adversity. Alex, they said in a paternal way, as a father might speak to a son headed to college, whatever you do, don't think outside the box. Well, I am here to tell you today that the events of the past year have necessitated considerable thinking outside of the proverbial box. A detailed accounting of all Academy activity is not possible within the time frame allowed for my address. Therefore, I will limit my comments to those items which I personally believe to be of greatest relevance to the majority of our membership.

One issue the Board addressed this year is the recognition there is a limited number of physician scientists currently in the academic pipeline. In light of the growing difficulties faced by researchers in general and by academic physician scientists in particular, your organization responded, and the AASM's Board of Directors created an endowment for the American Sleep Medicine Foundation. With this investment from the Academy, this year the Foundation established the Physician Scientist Training Award. This award provides support for research training to physicians who wish to pursue careers as scientists in sleep medicine. The details of this novel training award can be found on the Foundation's Web site, discoversleep.org. As Dr. Berry noted, the award pledges up to \$1,875,000 toward filling the academic pipeline with promising young sleep physician researchers. I am pleased to report that in 2008-2009 four young physicians have successfully qualified for the AASM Physician Scientist Training Award.

Under the leadership of Richard Berry, the American Sleep Medicine Foundation has grown at an unprecedented pace with net assets increasing in excess of 600%. In 2007, the Academy transferred \$500,000.00 to fund an endowment, which was established in 2006, in support of training clinical fellows in sleep medicine. These funds are in addition to the grant support that the Academy provides annually for research grants as well as extra funding to cover the administrative costs associated with the Foundation. In an era of dwindling research funding, the AASM and ASMF is committed to assisting promising trainees and junior faculty in developing research careers.

One of the most remarkable milestones of 2007 was the first multidisciplinary examination in sleep medicine, co-sponsored by five boards of the American Board of Medical Specialties, held in November. The AASM prepared the membership for the exam by offering

several high-quality educational opportunities, including 2 board preparation courses as well as a series of webinars. I attended the AASM exam preparation course in Chicago and can attest to the magnificent job done by course director Dr. Michael Littner and by AASM supporting staff. Like many of you in the audience and several on the AASM Board, I was pleased, actually relieved is more apropos, when I received notice of passing the exam. The next exam opportunity will be in 2009 and I encourage all eligible members to take the new examination.

The success of cognitive behavioral therapy in the management of insomnia and the effectiveness of behavioral strategies in managing adherence to CPAP therapy has further raised the value behavioral sleep medicine services in clinical and research settings. It has been my conviction that skillful CBT delivery should be available to all sleep medicine practices. To achieve such a lofty objective requires a larger number of behaviorally-trained healthcare providers. At present there are slightly more than 100 credentialed behavioral specialists to service a sleep medicine community comprised of more than 1,600 AASM-accredited sleep facilities and 3,400 total sleep facilities across America. Further, new sleep facilities are increasing at a rate that far exceeds that of providers credentialed in behavioral sleep medicine. Your AASM has responded to the needs of the sleep community by fostering education in BSM, encouraging post grade programs to create BSM fellowships and most recently by expanding the BSM credentialing examination. We expect that a significant number advanced practice nurses and nurse practitioners as well as other healthcare practitioners will seek credentialing in BSM through the new examination. Finally, it is highly significant that the American Board of Sleep Medicine has assumed oversight of BSM credentialing examination. As an established and respected credentialing Board, ABSM administration of the examination process raises the prestige and desirability of achieving certification in BSM.

The timely and effective delivery of sleep healthcare services would not be possible without credentialed sleep specialists and skilled sleep technologists. At the state level, 2007 brought significant legislative challenges to the practice of sleep medicine and the profession of sleep technology. In New Mexico, Tennessee, North Carolina, New York and California your AASM introduced or supported legislation aiming to secure the future of sleep technology and thereby assure an ample supply of well-qualified sleep technologist to service sleep practices and laboratories. Florida sleep medicine practitioners find themselves faced with potential sanctions from the Department of Health when conducting sleep testing on their patients without direct supervision of the study, regardless if the test is done in the sleep laboratory or at the patient's home. In this circumstance, as with sleep technology legislation, your AASM has provided the leadership role by providing direct and indirect financial and staff support as well as strategy and advocacy assistance. In many of the states the AASM also played a key role in the establishment of state societies as well as encouraging local activism in matters pertaining sleep medicine through established state societies. The Academy's commitment to effective local representation will be increasingly important as our field continues to face new legislative and legal challenges.

It has been a hallmark year for health policy. After several years of advocacy and armed with an AASM standards of practice parameters update, actigraphy was recently approved for designation as an AMA Category I CPT code. Sleep practices and researches will soon be

able to receive reimbursement for providing this valuable service to their patients. I wish to acknowledge the effort of our CPT representative Dr. Sam Fleishman and the members of our health policy committee for their contribution in obtaining AMA Category I CPT status for actigraphy.

No one involved in sleep medicine denies that the Center for Medicare and Medicaid Services national coverage decision allowing the use of unattended portable monitoring to objectify the diagnosis of sleep apnea for CPAP therapy was the most relevant occurrence of the past year. While aspects of the use of portable monitoring remain controversial, and some are still unsupported by evidence, the CMS decision will nonetheless fundamentally change traditional clinical paradigms used to diagnose and manage obstructive sleep apnea. Your Academy has been intimately involved in this process from the beginning, and I delivered evidence-based testimony on behalf of our membership to CMS, and encouraged you to provide individual comment, and kept members abreast of all news and developments related to the policy. Your AASM also provided comprehensive educational opportunities to members with interactive webinars and sessions at SLEEP 2008, and more will be offered in the future. Your AASM responded to the decision by strongly advocating for the development and implementation of local coverage determination policies that are consistent with AASM clinical guidelines for the use of portable monitoring, and recognize the value of AASM accreditation and board certification. Local carrier directors and private payers have regularly called on your Academy for assistance with policy development, and we are working closely with these groups to develop policies that are fair and comprehensive. Your voice has resonated with the major policy makers, and will continue to do so.

Adopting portable monitoring strategies into clinical and research practices poses as many questions as opportunities. As the recognized providers of quality sleep healthcare, it is our responsibility to use portable monitoring judiciously and in the best interest of the health of our patients with suspected or proven obstructive sleep apnea. In order to provide the desired outcome and extend sleep health care beyond traditional boundaries requires, among other things, an investment in novel clinical paradigms and restructuring of AASM accreditation standards. A task force consisting of myself, Past-President Larry Epstein, Director Dr. David Bruce and then Accreditation Committee Chair Dr. Sam Fleishman thoughtfully crafted the needed changes to the Standards for Accreditation. Anticipating the potential widespread impact of the portable monitoring accreditation standards, we have posted a draft version of the revised accreditation standards, which is available on the Academy's Web site for general review and commentary from the membership.

In April the AASM Board of Directors and chairs of several committees met with Dr. Harry Lieder, a recognized expert in chronic disease management models, to further our understanding of such models and, specifically, to probe if and how chronic disease management models might be used to the benefit of patients with obstructive sleep apnea. The chronic disease management meeting, itself an outcome of an AASM Board review of the recommendations contained within the 2006 Institute of Medicine report "Sleep Disorders and Sleep Deprivation: An unmet public health problem", identified the prerequisites and major barriers for successful disease management programs. A report of the proceedings from this activity is under development.

The success and health of any society can be, in part, gauged by its effectiveness at fulfilling its strategic mission. Your Academy, having successfully achieved the major milestones set forth in the 2005-2007 strategic plan, devoted considerable time and energy to the development of the 2008-2010 strategic plan. The plan promises to build on past accomplishments while fostering new areas of growth and identifying future opportunities. The plan, focused on our vision as the leaders in setting standards and promoting excellence in sleep medicine health care, education and research, serves to direct AASM activities for the next three years.

I have covered only a limited selection of AASM activities of the past year. These activities and other AASM initiatives would not have occurred without our devoted staff. Many of them work tirelessly without concern for personal recognition, and always placing the field and the Academy before personal gain. I would like to personally thank our assistant executive director Jennifer Markkanen for her organizational skills and efficiency. In particular I wish to acknowledge the contribution of our executive director Jerry Barrett whose experience, wisdom and managerial skills have made the AASM what it is today. Jerry helped me when circumstances demanded thinking outside of the box and, if needed, he adjusted the size of the box. I cannot imagine an organization managed with greater care, efficiency and efficacy than this Academy. Jerry and Jennifer, I have just one last word for you as AASM president: GRACIAS.

In closing, I must thank my wife Patty, my children Alex and Daniela for putting up with my absences and distractions, my brother Nat for tolerating my rhetoric, and my personal assistant, Neyda Hirshenson, who changed my schedule more times in one year than in the previous 20 years combined.

It has been a privilege for me to serve as your President. I hope I have made you proud to be a member of the American Academy of Sleep Medicine.