

End the Switch and Support
PERMANENT STANDARD TIME

Every year, we make the switch between standard time and daylight saving time (DST) when we “fall back” to standard time in November and “spring forward” to DST in March. This annual switch is quite simply not good for our health. [Data clearly shows](#) that the **abrupt change from standard time to DST in March is associated with significant public health and safety risks**, including increased risk of adverse cardiovascular events, mood disorders, and motor vehicle crashes.

It’s critical that we enact legislation to get rid of the switch between standard time and DST. **However, permanent DST is not the answer. Instead, we should move to permanent standard time.** [Current evidence](#) supports the adoption of year-round standard time, which aligns best with human circadian biology and provides distinct benefits for public health and safety. This position is shared by more than 20 medical, scientific, and civic organizations, including the American Academy of Sleep Medicine, American Academy of Neurology, American College of Chest Physicians, American College of Occupational and Environmental Medicine, National PTA, National Safety Council, Society for Research on Biological Rhythms, and World Sleep Society.

DST has been shown to lead to chronic sleep deprivation amongst adults and adolescents. [Research has found](#) that adolescents get less sleep and had longer reaction times, increased lapses in vigilance, and increased daytime sleepiness following the switch to DST. These effects are especially pronounced in children with autism who are especially susceptible to chronic sleep issues. Permanent standard time is the best option for health.

DST also leads to circadian misalignment - a mismatch in the timing between our biological clocks and our work, school, and sleep routines. This misalignment happens

when we are waking up in the dark to go to work or school or getting late evening light that can adversely affect the body's ability to fall asleep by suppressing melatonin. Circadian misalignment has been correlated with detrimental health effects, including cancer, cardiovascular disease, Type 2 diabetes, and neurodegenerative disease.

Congress previously enacted legislation to make DST permanent and repealed it less than a year later. During the 1974 energy crisis, permanent DST was thought to save energy by decreasing the need for electric lighting in the evening. However, energy savings from DST appear negligible, as air conditioning needs often increase in the late afternoon in the summer and heating needs often increase in the morning in the winter. In addition, the dark mornings were very unpopular, with sunrise arriving in DC and New York around 8:30am and not until around 9am in Detroit and Indianapolis. Moreover, a number of children were fatally struck by cars as they made their way to school in the dark. Permanent DST was repealed by Congress less than a year after its implementation. The House vote to end permanent DST was 383-16 and the Senate agreed in a voice vote.

AASM supports elimination of seasonal time changes in favor of a fixed, national, year-round standard time, which aligns best with human circadian biology and provides distinct benefits for public health and safety. For additional information contact Eric Albrecht at ealbrecht@aasm.org or AASM Washington Representatives Amy Kelbick at akelbick@mcdermottplus.com.