American Association of Oral and Maxillofacial Surgeons
Oral and maxillofacial surgeons:
The experts in face, mouth and jaw surgery®

9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701

847-678-6200
800-822-6637
fax 847-678-6286

AAOMS.org

Brett L. Ferguson, DDS, FACS
President

Scott Farrell, MBA, CPA
Executive Director

April 9, 2018

The Honorable Michael Burgess
Chair, House Energy and Commerce
Subcommittee on Health
2123 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Gene Green
Ranking Member, House Energy and
Commerce Subcommittee on Health
2123 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Burgess and Ranking Member Green:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional organization that represents 9,500 oral and maxillofacial surgeons (OMSs) in the United States, I would like to thank you for your leadership in seeking to address the nation's prescription drug abuse epidemic. The issue is a significant public health concern to our membership.

Oral and maxillofacial surgery is the surgical specialty of dentistry. As such, management of our patients' pain following invasive procedures is an important aspect of providing the best quality patient care. As lawful prescribers, we know, when used appropriately, prescription opiates enable individuals with acute and chronic pain to lead productive lives and recover more comfortably from surgical procedures. We also recognize, however, that pain medication prescribed following oral and maxillofacial surgery is frequently the first exposure many American adolescents have to opioids, and roughly 12 percent of all immediate-release opioid prescriptions in the United States are related to dental procedures.[1] Dentists, including OMSs, have a responsibility to ensure we do not exacerbate a growing public health risk while ensuring our patients receive the relief they need following complex dental procedures.

AAOMS is committed to educating our membership about the potential for opioid abuse. This is evidenced by the numerous resources and education, including continuing education (CE) courses, in which we have encouraged members to participate or we have offered directly. Specifically, AAOMS:

- Published **prescribing recommendations** for the management of acute and postoperative pain for the OMS patient that **urge non-narcotic pain management – rather than opioids – be utilized as a first-line therapy to manage a patient's acute and post-surgical pain.**

[1] Denisco R, Kenna C, O'Neil M, et al. Prevention of prescription opioid abuse: The role of the dentist. JADA. 2011; 142(7): 800–810.

- Includes in nearly every AAOMS publication **information and resources for our membership about opioid abuse.**
- Partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) to create the **free CE program, *Safe Opioid Prescribing for Acute Dental Pain*,** specifically for dentist prescribers. The online program launched in January 2016 and is available online to our members.
- Partnered with National Institute on Drug Abuse (NIDAMED) to **develop CE that teaches medical and dental prescribers how to talk to adolescents about substance abuse**. The CE program titled, "Research-Based Clinical Strategies to Prevent and Address Adolescent Substance Use and Prescription Medication Misuse – Being Part of the Solution," was released in June 2017.
- Makes **CE webinars available and hosts CE programs at AAOMS Annual Meetings** on opioid abuse that address pain management alternatives to opioids.
- Promotes the **Drug Enforcement Administration's National Prescription Drug Take Back Days** to our membership and encourages them to inform their patients.
- Developed educational materials for patients and caregivers, including an informational card on the **Safe Use and Disposal of Prescription Medications** that members can provide to their patients and communities.
- Participates in and promotes to our membership the **Partnership for Drug-Free Kids Medicine Abuse Project**.
- Partnered with Aetna to **study alternative post-operative pain management techniques** on their beneficiaries.

Our efforts appear to be working. AAOMS conducted a survey of a random selection of OMSs in January 2017 and January 2018. The surveys showed a decline in the number of opioids being prescribed. For example, 79 percent of respondents in 2018 reported they reduced their opioid prescribing for third molar cases over the last two years. And 85 percent of respondents in 2018 reported prescribing less than a three-day supply of opioids following third molar surgery – an increase of 10 percentage points since last year.

AAOMS recognizes, however, a variety of factors contribute to the current opioid epidemic. As your subcommittee seeks additional ways to address opioid abuse, we would like to offer the following input on several topics under consideration.

Federal Continuing Education

AAOMS supports CE on the topic of opioid abuse; however, AAOMS believes, to be most effective, CE should be managed at the state level because CE has traditionally been under the purview of the states. Additionally, CE should be appropriately proportionate to other CE requirements required to maintain state licensure and be customized so it is relevant to each type of prescribing situation. AAOMS further believes provider specialty organizations such as AAOMS should be included as accepted practitioner training organizations for CE requirements.

Prescription Drug Monitoring Programs
AAOMS supports properly funded prescription drug monitoring programs (PDMPs) that are updated in real time by dispensers and interoperative between states. Furthermore, approved auxiliary personnel should be authorized to access the system on the prescriber's behalf so doctors have adequate time to provide quality patient care. Finally, it should not be mandatory for prescribers to check a PDMP for acute pain patients who receive an opioid prescription of less than seven days following an invasive surgical procedure, as the risk of abuse and diversion is low in these instances.

Prescribing Initiatives
AAOMS appreciates the development of prescribing guidelines and, as noted, the association recently developed prescribing recommendations that urge non-narcotic pain management be utilized as a first-line therapy to manage an OMS patient's acute and post-surgical pain. AAOMS believes any effort by government entities to develop prescribing guidelines should recognize the unique care provided by OMSs by both involving them in the development process and avoiding a one-size-fits-all approach as pain management needs vary from patient to patient. Furthermore, AAOMS supports efforts by appropriate agencies to secure approval of innovative solutions for alternative pain management options, which would reduce the need for opioids. This would include pharmaceuticals that extend the length of surgical site anesthesia, such as bupivacaine HCI.

If the federal government considers imposing a national dosage limitation restriction, AAOMS encourages any such restrictions to allow provider discretion because the management of pain severity varies by procedure and patient. Finally, AAOMS advocated in support of a provision in the Comprehensive Addiction and Recovery Act (P.L. 114-198) that would clarify federal law to allow pharmacies to partially fill a Schedule II drug, when allowed by state law. Federal efforts to encourage states to allow patients to obtain part of their prescription with the option to acquire the remaining amount only when necessary would lessen the risk of diversion of unused medications.

We welcome an opportunity to discuss these issues in greater detail and work with you to explore other possible solutions to curb the misuse of prescription drugs. Please contact Jeanne Tuerk, manager of the AAOMS Department of Governmental Affairs, at 800-822-6637 or jtuerk@aaoms.org for additional information.

Sincerely,

Brett L. Ferguson, DDS, FACS
AAOMS President