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

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June 11, 2018

The Honorable Paul Ryan
Speaker, U.S. House of Representatives
H-232 U.S. Capitol
Washington, DC 20515

The Honorable Nancy Pelosi
Minority Leader, U.S. House of Representatives
H-204 U.S. Capitol
Washington, DC 20515

Dear Speaker Ryan and Minority Leader Pelosi:

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 6.4 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 courses, in which we have encouraged members to participate or we have offered. (The specifics of these education efforts are elaborated on following our comments.)

Our education 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.

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[1] Gupta N, Vujicic M, Blatz A. Opioid prescribing practices from 2010 through 2015 among dentists in the United States. JADA. 2018; 149(4): 237-245.

Despite the positive changes in OMS prescribing trends, AAOMS recognizes a variety of factors contributes to the current opioid epidemic and more can be done to reduce opioid abuse and misuse. Therefore, we applaud the broad and comprehensive approach the House has taken so far through the more than 50 bills that have gone through House committees this year.

As the House finalizes legislation to address opioid abuse, we would like to offer the following input on several topics under consideration:

Technical Expert Panels
HR 5774, passed by the House Ways and Means Committee, establishes several technical expert panels to develop best practices regarding evidence-based screening and practitioner education initiatives relating to screening and treatment protocols, to review and identify gaps in opioid and opioid use disorder quality measures in the Medicare program and other federal healthcare programs, and to develop recommendations on reducing opioid use in the inpatient and outpatient surgical settings. AAOMS supports the bill's intent to include a range of stakeholders for the technical expert panels, and we are optimistic each panel ultimately will include a representative from the dental community, ideally an oral and maxillofacial surgeon who can provide a unique perspective on these issues.

Post-surgical, non-opioid alternatives
Non-opioid analgesia, such as bupivacaine HCI, extend the length of surgical site anesthesia, minimizing the need for post-surgical pain relief. These drugs are not widely used for a variety of reasons, ranging from reimbursement barriers to research and development limitations. AAOMS supports efforts by Congress and the appropriate agencies to enhance the use of innovative solutions for alternative pain management options, which would reduce the need for opioids. Specifically, AAOMS supports HR 5804 and HR 5809, passed by the House Energy and Commerce Committee, to enhance the availability of these drugs.

Prescriber Education
As part of the educational efforts for our members outlined in more detail in the attachment, **AAOMS** published **prescribing recommendations for the management of acute and postoperative pain** for OMS patients **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.

Our previously noted member survey data shows the vast majority of OMSs prescribe judiciously; therefore, AAOMS appreciates the House's approach on identifying and educating outlier prescribers through legislation such as HR 5773, HR 5796 and HR 5716. Specifically, we support the bills' criteria of using a provider's specialty and geographic location to compare and distinguish outliers from their colleagues, which will result in more accurate identification of outliers to target for additional education.

Prescription Drug Monitoring Programs (PDMPs)
AAOMS believes PDMPs – if properly funded, implemented, updated in real-time by dispensers and interoperative between states – have the opportunity to serve as an excellent patient management tool for prescribers of controlled substances and an effective device for law enforcement officials to identify patients who may be abusing or illegally diverting drugs. AAOMS supports the intent of HR 5801, passed by the House Energy and Commerce Committee, to enhance prescriber usage of PDMPs by requiring Medicaid programs in each state to integrate PDMPs into a Medicaid provider's clinical workflow and

requiring such providers to check the PDMP when prescribing a Schedule II controlled substance. We recommend the inclusion of language clarifying Medicaid programs can meet the requirement for prescribers to check the PDMP if they delegate that responsibility to an approved auxiliary personnel – as many states allow – so doctors have adequate time to provide quality patient care. It also is our position that prescribers be exempt from checking 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.

Safe Disposal of Opioids

Finally, it is imperative patients have the ability to easily and safely discard unused medication from their medicine cabinets to minimize the risk of misuse and diversion. While many community-based prescription take-back programs exist, manufacturers can play a role in expanding these programs. Therefore, AAOMS supports HR 5687, as passed by the House Energy and Commerce Committee, to direct the FDA to work with manufacturers to establish programs for the efficient return or destruction of unused prescription drugs.

AAOMS commends the House for taking action to curb the misuse of prescription drugs. We welcome an opportunity to discuss these issues in greater detail and work with you to explore other possible solutions. 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

Attachment

Education Efforts for OMSs
on Prescription Drug Abuse

1. Feature **information and resources about opioid abuse** for our membership in nearly every AAOMS publication.

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

3. Partnered with **SAMHSA** and **NIDAMED to create continuing education (CE) on opioid abuse** and make it available to our members.

4. Have **CE webinars** available and **hosted CE programs** on opioid misuse and abuse.

5. Promote the DEA's **National Prescription Drug Take Back Days** to our members.

6. Developed an information card on the **Safe Use and Disposal of Prescription Medications.**

7. Participate in and promote to our membership the **Partnership for Drug-Free Kids Medicine Abuse Project.**

8. Advocate in support of **legislation to allow patients to partially fill prescriptions** to reduce the excess of opioids susceptible to diversion.

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