

September 12, 2018

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
S-230 United States Capitol
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
U.S. Senate
S-221 United States Capitol
Washington, DC 20510

Dear Leaders McConnell and Schumer:

On behalf of our 161,000 dentist members, we are writing to thank you for bringing legislation to the Senate floor to combat the opioid crisis. As you can see from our enclosed comments, the Senate substitute for H.R. 6 contains a number of provisions that we wholeheartedly support, including:

- Elevating acute pain management in the federal response to the opioid crisis.
- Expanding opportunities to learn about best pain management practices with minimal use of opioids.
- Improving the quality, integrity, and interoperability of prescription drug monitoring programs.
- Intensifying federal research into cutting-edge pain management therapies.
- Developing more convenient ways for consumers to dispose of unused medications.
- Building communities of recovery to help those struggling with addiction.

We also appreciate the proposal to study the impact of state and federal laws regulating the length, quantity, and dosage of opioid prescriptions.

As you may know, the ADA recently expressed conditional support for mandatory continuing education for opioid prescribers, limits on the number of pills that can be prescribed for *initial* acute pain, and mandatory use of PDMPs. We believe our policy is the first of its kind among major healthcare professional organizations and a sign of how seriously we take this issue.

We applaud your leadership on this issue and are pleased to offer our enthusiastic support. If you have any questions, please contact Ms. Natalie Hales at 202-898-2404 or halesn@ada.org. Information is also available at ADA.org/opioids.

Sincerely,

/s/

Joseph P. Crowley, D.D.S.
President

JPC:KTO:rjb

/s/

Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

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Detailed Comments on the Senate substitute for H.R. 6, SUPPORT for Patients and Communities Act

September 12, 2018

Prescriber Education and Training

- The ADA supports diverting funds from the 21st Century Cures Act to help states and Indian Tribes offer clinical training to help prescribers manage acute pain with minimal use of opioids, prevent diversion of controlled substances, and identify risky substance use behaviors and briefly counsel and refer those patients for appropriate treatment, as provided in Sec. 1101.
- The ADA supports offering grants for prescriber clinical training and curriculum development, as provided in Sec. 1502. Such training would enhance the skills needed to manage acute pain with minimal use of opioids, identify risky substance use behaviors, and briefly counsel and refer those patients for appropriate treatment.
- The ADA supports Sec. 1503, which would provide grants for continuing education on appropriate opioid prescribing, prescriber limit laws, and use of non-addictive alternatives. The funds could also be used to develop, improve, and promote adoption of evidence-based guidelines across relevant health care settings.

Prescription Drug Monitoring

Prescription drug monitoring programs (PDMPs) are a crucial part of helping prescribers keep opioids from getting into the wrong hands. However, it is critical that these programs be easy to use and that the data has integrity and is available across state lines.

- The ADA supports directing funds from the 21st Century Cures Act to help states and Indian Tribes improve the quality, integrity, and interoperability of their prescription drug monitoring programs (PDMPs), as provided in Sec. 1101.
- The ADA also supports allowing CDC to intensify its training and technical assistance for states, localities, and Indian Tribes to improve the efficiency and use of new and currently operating PDMPs, as provided in Sec. 1505. The training could include best practices to encourage all prescribers to use PDMPs, obtain real-time notifications of potential misuse and odd prescribing patterns, and create a reporting system that is easy-to-use.
- The ADA supports reauthorizing the National All Schedules Prescription Electronic Reporting (NASPER) Act through 2026, as provided in Sec. 1507. This federal grant program enables states, localities, and Indian Tribes to develop and improve the quality, integrity, and interoperability of their PDMPs.

Research and Success Measures

- The ADA supports developing the spectrum of non-narcotic alternatives to opioid pain relievers. One vehicle for doing so would be to expand the National Institutes of Health's unique research initiatives authority to rapidly divert funds to support high-impact research in response to public health threats, as provided in Sec. 1201.
- The ADA supports elevating the role of acute pain the activities of the Interagency Pain Research Coordinating Committee, as provided in Sec. 1202. The Committee is charged with enhancing the federal government's pain research efforts and promoting collaboration among federal agencies.
- The ADA strongly supports the proposed study that would examine the impact of federal and state laws regulating the length, quantity and dosage of opioid prescriptions, as provided in Sec. 1501. The results could be critically important to determining whether these laws have had a real and significant impact on opioid-related overdoses and cases of addiction, as well as pain management outcomes.
- The ADA supports Sec. 1504, which would allow CDC to intensify its collection and analysis of data on overdose deaths.
- The ADA supports the proposed requirement for HHS to establish success measures for reversing the opioid crisis, as provided in Sec. 1516.

Interprofessional Collaboration

The ADA supports funding technical assistance to help emergency departments and other acute care providers implement best practices to minimize opioid prescribing in those settings, as provided in Sec. 1403. This type of technical assistance would complement the work of the ADA's emergency department (ED) referral program.

The ADA is working with American College of Emergency Physicians (ACEP) to implement programs for moving patients with dental-related pain from the ED to the dental chair. By connecting patients with comprehensive dental care—and treating the underlying cause of their dental pain—these programs break the cycle of patients returning to the ED for more painkillers to temporarily treat the same dental problem.

Safe Disposal

The vast majority of people who abuse prescription opioids get them for free from a friend or relative. Those drugs are often obtained from the home medicine cabinet and sometimes the trash. For that reason, it is important to develop new and convenient ways for consumers to safely dispose of unused medications.

The ADA supports the proposed grant program to increase the number of authorized collectors of unused medications, as provided in Secs. 3101-3110.

Recovery Community Infrastructure

Recovery community support services are critical to helping those struggling with addiction to begin and maintain their lifelong journey of recovery.

For twenty years, the ADA has helped state dental societies develop formal peer assistance programs to get dentists into treatment before they have an alcohol- or drug-related incident. These programs leverage the confidentiality, trust, and understanding of a tightly knit profession to support dentists throughout their recovery, and help them establish some measure of long-term stability in their lives.

- The ADA supports offering grants to develop recovery centers in areas with extraordinarily high rates of drug overdoses, as provided in 1401.
- The ADA supports providing new infrastructure grants to develop peer-to-peer recovery support networks, as provided in Sec. 1404.
- The ADA supports establishing a national technical assistance center to help recovery community organizations and peer support networks build their capacity, as provided in Sec. 1405.
- The ADA supports section 2212, which would require a report to Congress on innovative state initiatives to provide housing-related services and support under Medicaid to individuals with substance use disorders who are experiencing or at risk of experiencing homelessness.

The ADA also supports section 2213 technical assistance and support to help state Medicaid agencies provide housing-related support and care coordination to those in recovery.

- The ADA supports requiring the Department of Health and Human Services to issue guidance for state Medicaid programs to support family-focused residential treatment, as provided in section 2301.
- The ADA supports authorizing the Office of National Drug Control Policy to support activities that would facilitate long-term recovery from substance use disorders, as provided in section 3317.