

June 18, 2019

The Honorable Elijah Cummings
Chairman
Oversight and Reform Committee
2157 Rayburn House Office Building
Washington, DC 20515

The Honorable Jim Jordan
Ranking Member
Oversight and Reform Committee
2105 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Cummings and Ranking Member Jordan:

On behalf of our 163,000 dentist members, we are writing to thank you for holding a hearing entitled “Medical Experts: Inadequate Federal Approach to Opioid Treatment and the Need to Expand Care.” Last Congress, the American Dental Association (ADA) commended passage of the bipartisan SUPPORT for Patients and Communities Act. We remain committed to working with Congress, government agencies and other stakeholders to keep prescription opioid pain medications from becoming a source of harm.

As you may know, in March 2018, the ADA expressed 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.

Our main criticism of the federal response to the opioid crisis is that it has not sufficiently distinguished pain management in dentistry from pain management in medicine, specifically when it comes to managing acute pain versus chronic pain. For that reason, the federal response to the opioid crisis has not been particularly helpful to dentists.

The ADA recommends that the federal response to the opioid crisis begin to address the nuances of managing acute pain following one-time surgical procedures, such as a wisdom tooth extraction. We also recommend that any prescriber education opportunities be coordinated with professional societies and administered by an accredited continuing education provider—and that the coursework be dually recognized for state licensure purposes.

For example, the highly touted Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain does not address the particulars of managing acute pain following a one-time surgery. In fact, the document expressly states, “Some of the recommendations might be relevant for acute care settings or other specialists, such as emergency physicians or dentists, but use in these settings or by other specialists is not the focus of this guideline.”

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We would like to iterate that dentists have benefited from some federal activities, such as the Substance Abuse and Mental Health Services Administration's Providers' Clinical Support System for Opioid Therapies.

Thanks, in part, to a grant from SAMHSA and the American Academy of Addiction Psychiatry, the ADA has been able to offer free continuing education webinars covering the latest pain management techniques to help prevent opioid abuse. The webinars are tailored to illustrate the way acute dental pain can be managed safely using IR/SA opioids. Plus, the ADA Continuing Education Recognition Program credential provides a sound basis for state regulatory agencies to accept the CE credit for licensure.

Also, the National Institute of Dental and Craniofacial Research is currently investigating the biological triggers of dental pain and novel ways to alleviate it using non-narcotic therapies. NIDCR is also studying dentists' knowledge of opioid abuse and what leads them to prescribe opioids in the first place. Together, the findings will enable us to target our education and outreach messages to dentists and, ideally, lead them to use non-narcotic pain relievers as the first-line therapy for acute pain management.

Again, the ADA recommends that the federal government's opioid prescriber education and outreach efforts begin addressing the nuances of managing acute pain following one-time surgical procedures, such as a wisdom tooth extraction. We also recommend that any prescriber education opportunities be coordinated with professional societies and administered by an accredited continuing education provider—and that the coursework be dually recognized for state licensure purposes.

We applaud your efforts regarding the federal response to the opioid crisis and hope you will keep our comments in mind for future action. 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/

Jeffrey M. Cole, D.D.S., M.B.A.
President

JMC:KTO:nh

/s/

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