

April 23, 2018

The Honorable Lamar Alexander
Chair, Senate Committee on
Health, Education, Labor, and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Senate Committee on
Health, Education, Labor, and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of our 161,000 dentist members, we urge you to favorably report several provisions of S. 2680, the Opioid Crisis Response Act of 2018. These provisions would complement our ongoing efforts to keep prescription opioid pain medications from becoming a source of harm in our communities.

State Response to the Opioid Abuse Crisis

If enacted, Sec. 101 would allow the Department of Health and Human Services (HHS) to directly provide funding from the 21st Century Cures Act to Indian Tribes, as well as states that have been hit hardest by this crisis. These funds could be used to improve prescription drug monitoring programs (PDMPs) within these communities. States and Indian Tribes could also 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.

Alternatives to Opioids

Sec. 403 would authorize a program of technical assistance to help entities that provide acute care, such as hospital emergency rooms, implement best practices for using non-addictive alternatives to opioids. Dentists collaborate with hospitals in unique ways to refer emergency room patients to dental offices and clinics, where they can receive appropriate, cost-effective care. In fact, one of the initiatives in our Action for Dental Health campaign is to get people out of the emergency room and into the dental chair.

Peer Support Technical Assistance

In an effort to support long term recovery, Sec. 404 would authorize technical assistance to help organizations that provide peer support services implement best practices for operating those programs.

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.

Study on Opioid Prescribing Limits

Sec. 501 would examine the impact of federal and state laws regulating the length, quantity and dosage of opioid prescriptions and would require the Secretary of HHS to issue a report on these laws. This report could be critically important in learning more about the effect these laws have on opioid-related deaths and cases of addiction, as well as pain management outcomes.

Education and Awareness

Sec. 503 would authorize the Centers for Disease Control and Prevention (CDC) to develop or improve its existing programs and activities, which could include awarding grants, to develop continuing education on safe prescribing of controlled substances (e.g., prescriber limit laws, non-addictive alternatives, etc.). The activities could also include efforts to “encourage and facilitate the use of prescriber guidelines” across “relevant” health care settings.

Prevention for States, Localities, and Tribes

Sec. 505 would authorize the CDC to offer training and technical assistance to improve the efficiency and use of state, local, and tribal PDMPs. The training could include best practices to encourage all prescribers to use PDMPs, obtain real-time notifications of potential misuse and unusual prescribing patterns, and create a reporting system that is easy-to-use.

Improving Prescription Drug Monitoring

Sec. 507 would reauthorize the National All Schedules Prescription Electronic Reporting (NASPER) Act through 2026. This federal grant program helps states, localities, and Indian tribes develop and improve PDMPs. By streamlining federal requirements for PDMPs, states will be encouraged to share data with one another, thus making the programs more robust. We support these efforts to improve the quality, integrity, and interoperability of state PDMPs.

As you know, the ADA recently 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. We hope you will keep this in mind as S. 2680 moves forward.

S. 2680 is an important step towards alleviating the scourge of opioid abuse that has been devastating our communities. We applaud the Committee’s efforts to combat the opioid crisis, as well as your leadership on this issue. 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

/s/

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

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