

May 16, 2018

The Honorable Greg Walden
Chair, House Committee on
Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, House Committee on
Energy and Commerce
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Walden and Ranking Member Pallone:

On behalf of our 161,000 dentist members, we would like to share our support of a number of bills that the Committee is taking up to address the scourge of opioid abuse that has been devastating our families and communities.

Non-narcotic alternatives. 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 H.R. 5002, the ACE Research Act.

We also welcome action by the Food and Drug Administration (FDA) to identify challenges to developing non-addictive products to treat pain, as provided in H.R. 5806, 21st Century Tools for Pain and Addiction Treatments.

Professional education and training. The ADA supports offering grants for prescriber clinical training and curriculum development, as provided in H.R. 5261, the TEACH to Combat Addiction Act of 2018. 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.

Prescription drug monitoring. The ADA supports offering infrastructure grants and technical assistance to help states improve their prescription drug monitoring programs (PDMPs) as provided in H.R. 5812, the Creating Opportunities that Necessitate New and Enhanced Connections that Improve Opioid Navigating Strategies (CONNECTIONS) Act. 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.

Acute care coordination. The ADA supports offering grants to help acute care providers, such as hospital emergency rooms, implement best practices for using non-addictive alternatives to opioids, as provided in H.R. 5197, the Alternatives to Opioids (ALTO) in the Emergency Department Act. Dentists collaborate with hospitals in unique ways to facilitate referrals 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.

Safe drug disposal. The ADA supports engaging manufacturers to develop new and convenient ways for consumers and others to safely dispose of unused medications, as provided in H.R. 5687, the Securing Opioids and Unused Narcotics with Deliberate Disposal and Packaging Act. This is especially important considering that 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.

Recovery community support. The ADA supports helping organizations that provide recovery support services implement best practices for operating those programs, as provided in H.R. 5327, the Comprehensive Opioid Recovery Centers Act of 2018, and H.R. 4684, the Ensuring Access to Quality Sober Living Act of 2018.

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.

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 these bills move forward.

We applaud the Energy and Commerce Committee's efforts to alleviate the scourge of opioid abuse that has been devastating our communities, 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

JPC:KTO:rjb