

May 22, 2018

The Honorable Robert W. Goodlatte  
Chairman  
House Committee on the Judiciary  
2138 Rayburn House Office Building  
Washington, DC 20515

The Honorable Jerrold Nadler  
Ranking Member  
House Committee on the Judiciary  
B-336 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Goodlatte and Ranking Member Nadler:

On behalf of our 161,000 dentist members, we respectfully ask your committee to consider several proposals when marking up legislation to address the scourge of opioid abuse that has been ravaging our communities.

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 prescription drug monitoring programs (PDMPs). We believe our policy is the first of its kind among major health professional organizations and a sign of how seriously we take this issue.

### **Mandatory Continuing Education**

The ADA supports requiring continuing education in safe opioid prescribing. We urge that any such mandate emphasize the clinical skills needed to prevent drug overdoses, chemical dependency, and diversion. We also ask that you provide for the following in any related bills under consideration:

- The continuing education credit should be acceptable for both Drug Enforcement Administration (DEA) registration and state licensure renewal purposes.
- The coursework should be tailored to the prescriber's scope of practice and the nature of pain managed (e.g., chronic vs. acute pain, dental vs. medical pain, etc.).
- Affected dentists should be given a reasonable amount of time to comply.

### **Prescribing Limits**

The ADA supports limiting opioid prescriptions to no more than a seven day supply of pills for the *initial* treatment of *acute* pain. We would like to clarify that this prescribing limit is for the initial treatment of acute pain and not the *ongoing* treatment of *chronic* pain.

Additionally, the seven-day limit is based on the cursory mention of acute pain in the CDC Guideline for Prescribing Opioids for Chronic Pain (2015). We are hopeful that the CDC will follow-up with a guideline that focuses expressly on best practices for managing acute post-operative pain, which would be more relevant to the average dentist.

**Prescription Drug Monitoring**

The ADA supports dentists registering with and using state PDMPs to prevent misuse and diversion of controlled substances. PDMPs are a crucial part of helping prescribers keep opioids from getting into the wrong hands.

As you consider any legislation that would require PDMP use, we would ask that you address the need for PDMPs to be easier to use and for the data to be more reliable and available across state lines.

Our main criticism of the federal response to the opioid crisis is that federal agencies have not sufficiently addressed best practices for managing acute pain versus chronic pain. Federal efforts have also not sufficiently addressed best practices for managing post-operative dental pain, which is more nuanced than managing pain in medical settings. For those reasons, the federal response to date has not been particularly helpful to dentists.

We applaud the Committee's efforts to address 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](mailto:halesn@ada.org). Information is also available at [ADA.org/opioids](http://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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