

June 12, 2018

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
H-232 United States Capitol
Washington, DC 20515

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
H-204 United States Capitol
Washington, DC 20515

Dear Speaker Ryan and Minority Leader Pelosi:

On behalf of our 161,000 dentist members, we are writing to thank you for bringing legislation to the House floor to combat the opioid crisis. We are particularly enthusiastic about several proposals that would complement our ongoing efforts to keep prescription opioid pain medications from becoming a source of harm.

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.

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.

Clinical advisory panels. The ADA applauds the inclusion of dentists in the request for a pain management study by the Secretary of Health and Human Services (HHS) as part of H.R. 5776, the Medicare and Opioid Safe Treatment (MOST) Act. We also urge you to amend H.R. 5774, the Combatting Opioid Abuse for Care in Hospitals (COACH) Act, to include a dentist on the technical expert panel for reducing surgical setting opioid use.

Including dentists on these panels will provide valuable insight into the nuances managing acute pain in non-medical settings.

As you may 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 your bipartisan 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

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