

April 1, 2019

Vanila M. Singh, M.D., MACM
Chair, Pain Management Best Practices Inter-Agency Task Force
c/o Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 736E
Washington, DC 20201

Dear Dr. Singh:

On behalf of our 163,000 dentist members, we are pleased to comment on the draft report of the Pain Management Best Practices Inter-Agency Task Force. We offer these comments in response to your Federal Register notice of December 31, 2018 (83 FR 67729).

The Task Force was established to determine whether pain management best practices that have been developed (or adopted) by federal agencies are current and being applied consistently throughout the federal government. The Task Force is also charged with offering recommendations to address any gaps or inconsistencies.

The ADA generally supports the findings and recommendations in the draft report. We are particularly pleased that the Task Force addressed the role of acute pain. An emphasis on acute pain has been lacking in most federal programs and guidelines, as detailed in our comments of May 22, 2018. We are also pleased with the recommendations for continuing education, prescription drug monitoring programs and non-narcotic alternatives to opioid pain relievers.

We respectfully ask that you make all deliberate attempts to identify dentists and dentistry (by name) alongside all references to physicians and medicine, as contextually appropriate. We also ask that you address the acute pain management needs of adolescents and young adults as a special population.

Routine dental care is a primary care service and general and pediatric dentists are primary care clinicians. Their primary function is to provide comprehensive oral health care beginning before age one and continue doing so throughout the patient's lifetime, with appropriate referrals as necessary. They receive a sound general medical training during their professional education and supervise and perform surgical procedures outside the scope of other trained dental personnel, such as dental hygienists and dental assistants.

Dentists frequently diagnose and treat conditions that often result in acute postsurgical pain. For example, third molars (or wisdom teeth) generally erupt between late teens and early twenties. While the ADA recommends that dentists use non-steroidal anti-inflammatory drugs (NSAIDs) as a first-line therapy, an opioid prescription may sometimes be called for (depending on the level of pain). In some cases, a wisdom tooth extraction can be a teen or young adult's first exposure to an opioid.

Some areas of the report, such as section 3.3.1, suggests that dentists are “specialty” clinicians that are on par with physician assistants and nurse practitioners. This is not an accurate observation given the scope of dental practice and the nature of a dentist’s education and training. Other areas of the report, such as section 2.7, do not address the nuances of managing acute pain for individuals in their late teens and early twenties, when the brain is at a critical stage of development.

Again, the ADA generally supports the findings and recommendations in the Task Force’s draft report. We respectfully ask that you make all deliberate attempts to identify dentists and dentistry (by name) alongside all references to physicians and medicine, as contextually appropriate. We also ask that you address the acute pain management needs of adolescents and young adults as a special population.

Thank you for providing us the opportunity to comment. We stand ready to provide any peer-reviewed articles, clinical guidelines and other resources to inform your ongoing work. If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or burnsr@ada.org. Information is also available at ADA.org/opioids.

Sincerely,

/s/

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

/s/

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

JMC:KTO:rjb
Enclosure

Suggested Reading

- Lutfiyya M, Gross A, Schvaneveldt N, et al. A scoping review exploring the opioid prescribing practices of US dental professionals. *J Am Dent Assoc.* 2018;149(12):1011-1023.
- McCauley J, Leite R, Gordan V, et al. Opioid prescribing and risk mitigation implementation in the management of acute pain: Results from the National Dental Practice-Based Research Network. *J Am Dent Assoc.* 2018;149(5):353-362.
- Moore P, Ziegler K, Lipman R, et al. Benefits and Harms Associated with Analgesic Medications Used in the Management of Acute Dental Pain: An Overview of Systematic Reviews. *J Am Dent Assoc.* 2018;149(4): 256-265.e3.
- Gupta N, Vujicic M, Blatz A. Opioid Prescribing Practices From 2010 Through 2015 Among Dentists in the United States: What Do Claims Data Tell Us? *J Am Dent Assoc.* 2018;149(4): 237-245.e6.
- McCauley J, Hyer J, Ramakrishnan V, et al. Dental opioid prescribing and multiple opioid prescriptions among dental patients: Administrative data from the South Carolina prescription drug monitoring program. *J Am Dent Assoc.* 2016;147(7):537-544.
- Moore P, Hersh E. Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions. *J Am Dent Assoc.* 2013;144(8):898-908.
- McNeely J, Wright S, Matthews A, et al. Substance-use screening and interventions in dental practices: Survey of practice-based research network dentists regarding current practices, policies and barriers. *J Am Dent Assoc.* 2013;144(6):627-638.
- Denisco R, Kenna G, O'Neil M, et al. Prevention of prescription opioid abuse: The role of the dentist. *J Am Dent Assoc.* 2011;142(7):800-810.