



January 20, 2021

Mr. Bill McBride  
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National Governors Association  
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Mr. Michael Fraser, PhD, CAE, FCPP  
Chief Executive Officer  
Association of State and Territorial Health Officials  
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Dear Gentlemen:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional association that represents more than 11,000 oral and maxillofacial surgeons (OMSs) in the United States, we thank you for your and your members' leadership at this trying time. In the deficit of a nationally coordinated strategy during the pandemic, states have needed to fill the leadership void. Unfortunately, your members must continue to step into the fray as the nation's healthcare providers and populace look for effective vaccine distribution management. AAOMS is gravely concerned about the disproportionate distribution of vaccines thus far, particularly among our association's membership, and urge changes going forward.

OMSs are surgically and medically trained dental specialists who treat conditions, defects, injuries and esthetic aspects of the mouth, teeth, jaws, neck and face. After earning a dental degree from an accredited four-year dental school, OMSs complete a minimum of four years of hospital-based oral and maxillofacial surgery residency training, which includes rotations in such areas as general surgery, anesthesia, and clinical research. As the surgical branch of dentistry, our members provide frontline response to address the needs of emergent dental patients during the pandemic. Our goal is to ensure that dental patients are treated outside of the emergency rooms so our nation's hospitals are free to respond to pandemic patients. These dental emergencies – which can be life threatening if left untreated – include treatment of dental pain, abscesses, facial trauma as well as dental treatment required prior to critical medical procedures.

To treat these conditions, OMSs must work in close proximity to patients and perform aerosol-generating procedures, which puts the surgeons and their staff at high-risk for exposure to COVID-19. Despite this point, we have heard numerous reports of OMSs without established hospital privileges being sidelined in the vaccine access process – essentially discriminated against – because of their status as *oral health* providers.

Granted, state governments and health departments are certainly not solely to blame, and we are aware of systemic issues at all levels in the distribution process. At its most basic tenet, however, the implementation process thus far is confusing, contradictory and in many cases not being followed by the very organizations tasked with distribution of the vaccine. We are hopeful that many of these issues will

be resolved as states receive funding provided by the end of the year federal omnibus package but remain unconvinced that the volume of vaccines given and speed of distribution will increase in coming weeks as promised without change.

What we need now – especially as states look to expand the list of eligible vaccine recipients and receive additional allocations of supply – is leadership and lessened bureaucracy in the process. We specifically recommend:

- Establishing further public-based distribution points for the vaccine, including small offices, community health centers and, if feasible, local vaccination drives. Hospital distribution points seemed logical at beginning but in practice have shown themselves not to be a viable option as they have proven they cannot adequately and efficiently distribute.
- Developing simplified processes to schedule a vaccine through a centralized database. It is unclear where vaccines are being distributed and who to contact to schedule a vaccination. In addition, many online systems for scheduling are cumbersome, confusing or frankly do not work. These must be streamlined, especially as states seek to expand vaccination to an aging population lacking technological proficiency.
- Utilizing OMSs as additional administrators of the vaccine. OMSs administer intramuscular injections on a regular basis and are eager to assist in this national health crisis. As more vaccines are made available to states, and distribution processes are quickened, consider reaching out to our state members to assist.

We have faced an unprecedented national health crisis and cannot afford to stumble at the finish line.

On behalf of AAOMS, thank you for your consideration. For questions or additional information, please contact Sandy Guenther, manager of state government affairs at 800-822-6637, ext. 4388 or [sguenther@aaoms.org](mailto:sguenther@aaoms.org).

Sincerely,



B.D. Tiner, DDS, MD, FACS  
AAOMS President