



January 19, 2021

David A. Kessler, MD  
Chief Science Officer  
White House COVID-19 Response Team  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, D.C. 20500

Dear Dr. Kessler:

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 leadership and public service as our nation continues to deal with the ongoing impact of the COVID-19 pandemic. In the deficit of a nationally coordinated strategy during the pandemic, states have needed to fill the leadership void. AAOMS is gravely concerned about the disproportionate distribution of vaccines thus far, particularly among our association's membership, and urges 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.

Since the onset of the pandemic, OMSs have made numerous infection control enhancements to provide safe care to our patients. That being said, to treat these conditions, OMSs must work in close proximity to patients and perform aerosol-generating procedures, which can still put the surgeons and their staff at high-risk for exposure to COVID-19. Timely access to the vaccine is the next step to ensure the safety of our members and their staff. 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 we 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 are pleased the Biden Administration intends to increase the federal role in managing vaccine coordination and distribution to states. As the Administration moves forward with implementation, we offer the following recommendations:

- Continue to utilize every means necessary – including the Defense Production Act – to manufacture more vaccine and associated supplies. Our nation’s vaccination efforts are only successful if there is enough vaccine to distribute to patients in a timely manner.
- Work with states to establish 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 the beginning but in practice have shown themselves not to be a viable option as they have proven they cannot adequately and efficiently distribute.
- Assist states in developing simplified processes for the public to schedule a vaccination 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.
- Encourage states to utilize OMSs as additional vaccine administrators by directing the Department of Health and Human Services (HHS), under the Public Readiness and Emergency Preparedness Act (PREP Act), to expand authorization for dentists to order and administer the COVID-19 vaccines. OMSs administer intramuscular injections on a regular basis and are eager to assist in this national health crisis. A temporary liability shield at the federal level would extend that authority nationwide during this public health emergency. As more vaccines are made available to states, and distribution processes are quickened, OMSs can help expedite this process.

We have faced an unprecedented national health crisis and cannot afford to stumble at the finish line. AAOMS stands ready to work with the Biden Administration in any capacity you deem appropriate to hasten the end of this deadly pandemic.

On behalf of AAOMS, thank you for your consideration. For questions or additional information, please contact Jeanne Tuerk, manager of government affairs at 800-822-6637, ext. 4321 or [jtuerk@aaoms.org](mailto:jtuerk@aaoms.org).

Sincerely,



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