



April 8, 2022

Rochelle P. Walensky, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Re: Docket No: CDC-2022-0024

Dear Director Walensky:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional association that represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States, I would like to thank you and your colleagues at the Centers for Disease Control and Prevention (CDC) for your work to draft an updated and expanded voluntary guideline that provides evidence-based recommendations for clinicians who prescribe opioids for outpatients 18 years of age and older with acute pain (duration less than one month), subacute pain (duration of one to three months) or chronic pain (duration of three months or more). AAOMS appreciates the opportunity to review and offer comments on the guideline.

Oral and maxillofacial surgery is the surgical specialty of dentistry. As such, management of our patients' pain following invasive procedures is an important aspect of providing the best quality patient care. As lawful prescribers, we know, when used appropriately, prescription opiates enable individuals with pain to lead productive lives and recover more comfortably from surgical procedures; however, dentists, including OMSs, have a responsibility to ensure we do not exacerbate a growing public health risk while ensuring our patients receive the relief they need following complex dental procedures.

AAOMS and its members are very aware of the risks associated with exposure to opioids. AAOMS is constantly addressing the opioid epidemic with education of our membership, which has resulted in a significant reduction in OMS opioid prescribing patterns throughout the country. Because many of our patients are undergoing their first surgery and first experience with post operative pain, OMSs are committed to using the most effective means of managing pain with the least amount of harm.

Guideline approach

AAOMS supports the CDC's nuanced approach presented in the guideline. One of the main concerns among stakeholders with the 2016 guideline was the fact that the recommendations in that document were adopted as standards to which prescribers were held accountable by healthcare systems, insurers and government entities. State legislatures and regulatory boards, for example, established arbitrary prescribing thresholds for acute pain management that often did not take into account the nature or severity of the procedure or the patient's pain tolerance.

AAOMS is pleased to see that the CDC recognized the unintended negative impacts of the 2016 guideline and that the updated draft guideline, beginning on line 33, specifically warns against the recommendations being used as "absolute limits of policy or practice across populations by organizations, healthcare systems, or government entities."

The draft guideline also notes, starting on line 83, that it "provides recommendations only and is intended to be flexible, not supplant, clinical judgement and individualized, person-centered decision-making." AAOMS firmly believes that the practitioner-patient relationship must be upheld, allowing for practitioner judgment in the management of a patient's pain – including drug types, dosages and treatment durations. Pain management decisions should be individualized and only determined after a careful assessment of the level of risk to – and condition of – the patient. AAOMS appreciates the CDC's recognition of the important relationship between the provider and patient in the draft updated guideline.

AAOMS also is pleased to see the above concepts – provider judgement; flexibility to meet each patients' unique needs; and avoiding the misapplication of the practice guideline beyond its intended use – reiterated in the five guiding principles starting on line 5830 of the guideline. Like the Box 1 Recommendations that immediately precede them, the guiding principles will be an area of the guideline mostly likely to be referenced by clinicians, insurers and policymakers; therefore, including those concepts in the guiding principles is important.

Prescribing decisions

AAOMS supports the guideline's recommendations related to how prescribers should determine whether or not to initiate opioids as well as determine the selection, dosage and duration of opioids. The guideline's recommendations are in line with AAOMS's own prescribing recommendations¹, which advise OMSs to use non-opioids as first-line analgesic therapy. When opioids are indicated for acute breakthrough pain, AAOMS recommends short-acting opioid analgesics, starting with the lowest possible effective dose and the shortest duration possible.

¹ Opioid Prescribing: Acute and Postoperative Pain Management. American Association of Oral and Maxillofacial Surgeons. [AAOMS.org/docs/govt_affairs/advocacy_white_papers/opioid_prescribing.pdf](https://www.aaoms.org/docs/govt_affairs/advocacy_white_papers/opioid_prescribing.pdf)

Pediatric Patients

AAOMS understands that the guideline only addresses patients who are over the age of 18. Many OMS patients, however, are younger than age 18 and need access to appropriate pain management following dental surgical procedures. Lines 386 through 395 of the guideline briefly discuss pediatric patients and reference a set of guidelines related to pediatric patients undergoing surgical procedures that were developed by an outside entity. AAOMS, however, supports the addition of a Box 1 Recommendation related to the pediatric patient population – particularly with regard to acute pain – to provide an additional resource for prescribers involved in managing the pain of pediatric patients.

Changes to Box 1 Recommendations

Finally, AAOMS suggests the following amendments to the Box 1 Recommendations to provide additional perspective for stakeholders, who may only look at the Box Recommendations, rather than examine the entire guideline.

- **Box 1 Recommendation #1 - Include discussion of the risks and realistic benefits of opioid therapy for acute pain.** Box Recommendation 2 advises clinicians to discuss “the known risks and realistic benefits of opioid therapy” with patients suffering from subacute and chronic pain. AAOMS believes that such conversations between a prescriber and patient suffering from acute pain are also beneficial, and therefore, Recommendation 1 should contain this same advice. AAOMS further supports informing patients that daily use of opioids can result in physiological opioid dependence in as little as three days. While such language is already noted elsewhere in this document, it is important that it also be included in the Box Recommendations for clinicians to easily refer to.
- **Box 1 Recommendation #4 – Include a definition of “dosage above levels likely to yield diminishing returns.”** Supporting material in the guideline defines such dosage as 50 MME/day or higher. AAOMS supports adding this definition as an example to Recommendation 4 to ensure stakeholders understand the context of this statement.

Thank you in advance for consideration of AAOMS’s comments to the draft updated guideline. The specialty believes the draft updated guideline is a significant improvement over the 2016 guideline and appreciates the time and attention spent by the CDC and other stakeholders involved in writing this important resource. Please contact Jeanne Tuerk, AAOMS Director of Government Affairs, at 800-822-6637, ext. 4321, or jtuerk@aaoms.org with questions.

Sincerely,

A handwritten signature in black ink, reading "J. David Johnson Jr. DDS". The signature is fluid and cursive, with the initials "J.D.J." clearly visible at the end.

J. David Johnson Jr., DDS
AAOMS President