August 26, 2013

The Honorable Bill Botzow  
Chair, Committee on Workers’ Compensation  
National Conference of Insurance Legislators  
385 Jordan Road  
Troy, NY 12180

Dear Rep. Botzow:

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 across the country, I am pleased to offer our comments concerning the “Proposed Best Practices to Address Opioid Abuse, Misuse and Diversion” as developed by the National Conference of Insurance Legislators’ (NCOIL) Workers’ Compensation Insurance Committee.

Oral and maxillofacial surgeons (OMSs) are doctors of dental medicine or dental surgery who treat patients suffering from an array of medical conditions, including facial trauma and temporomandibular joint disorder (TMD). Treatment for these conditions often requires the use of such invasive procedures as dentoalveolar, reconstructive, and temporomandibular joint surgeries. Due to the intensive nature of these surgeries, most OMS patients require short term therapy with medications, including certain opioid and scheduled substances, to relieve their pain following surgery.

The AAOMS recognizes that opioid abuse is an increasing health concern. We also know that when used properly under medical supervision, prescription opioids enable individuals, particularly those suffering with acute pain, to recover more comfortably from medical procedures.

The AAOMS supports the thoughtful approach the NCOIL Workers’ Compensation Insurance Committee has taken to reach the recommendations made in the best practices document. The fact that the committee took a best practices’ approach, rather than drafting model legislation, will provide states with broad ideas that legislators can use to craft legislation that best fits their state’s unique needs.

We support, in particular, the document’s recommendation that states properly fund and update in real-time their respective Prescription Drug Monitoring Databases (PDMPs), and that they evaluate outcomes by surveying stakeholders, such as prescribers, dispensers and other users of the PDMP, to ensure they are able to utilize the system as intended and, further, that the system is meetings its goal to reduce abuse, misuse and diversion.

As the committee moves towards finalizing the best practices document, the AAOMS respectfully offers the following comments for consideration:
Section 2.4

- It is the position of the AAOMS that prescribers should be encouraged, not mandated, to access PDMPs. However, we encourage the committee to include the recommendation that in states where such access is mandated, lawmakers allow auxiliary staff to complete this task on behalf of the prescriber so that the practitioner’s time treating patients is not reduced by having to fulfill this administrative task.

- The AAOMS also appreciates the committee’s position that mandatory PDMP checks may not be necessary in all scenarios. As an example for states to consider, we request the committee consider making specific reference in the document to a provision in Kentucky’s most recent prescription drug law, which exempts prescribers from having to check the PDMP if they are prescribing or administering a controlled substance immediately prior to, during, or within 14 days from an operative or invasive procedure and if the medication does not extend beyond the 14 days. Patients in these circumstances are amongst the most unlikely to seek controlled substances for abuse or diversion.

Section 2.5

- It is the position of the AAOMS that entry of any prescription data into a PDMP database should be the responsibility of dispensers as they are the only individuals who know if the patient actually obtains the prescription. We appreciate the committee’s recommendation that states encourage dispensers to report a patient’s prescription drug usage into a PDMP and request that the document clarify that such data input should be the responsibility of the dispenser – rather than the prescriber – for the above reason.

Section 3.2

- We appreciate the committee’s efforts to recognize the importance of the patient-practitioner relationship by encouraging states to allow the practitioner to have the ultimate decision in determining the best course of pain management treatment for his or her patient. We share the committee’s concerns regarding any attempt by states to set arbitrary dosing levels without consulting affected prescriber organizations.

Section 4.1

- It is the position of the AAOMS that prescriber education with regards to controlled substances be encouraged, not mandated, and we appreciate the committee’s decision not to endorse mandatory education within the best practices document. In particular, we support the committee’s recommendation that states, concerned with the effectiveness of a voluntary compliance system, consider offering incentives to prescribers who partake in continuing education such as waiving all or part of state licensing requirements.

- The AAOMS also supports in concept the committee’s recommendation under this section that legislators in states which choose to mandate prescriber education, work with medical licensing boards and associations in order to avoid overlap or conflict with existing continuing education standards. We point out, however, that oral and maxillofacial surgeons, the overwhelming majority of whom practice under their dental license, are regulated by state dental boards, prescribe opioids and are impacted by states with mandatory prescriber education requirements. The AAOMS suggests the committee amend the second paragraph of this section to include dental boards and dental and oral and
Thank you again for your committee’s thoughtful and thorough approach to addressing the important issue of prescription drug abuse, misuse and diversion. The AAOMS continues to educate our members about their role in combating prescription drug abuse and we stand ready to serve as a partner to NCOIL or any other state legislators seeking to address this issue in their state. If you have any additional questions, please contact Jeanne Tuerk, Manager of Governmental Affairs at 847/233-4321 or via e-mail at jtuerk@aaoms.org.

Sincerely,

Miro A. Pavelka, DDS, MSD
President