



Oral and maxillofacial surgeons:
The experts in face, mouth and
jaw surgery®



American Association of Oral and Maxillofacial Surgeons

PREScription DRUG ABUSE



Oral and maxillofacial surgeons (OMSs) are very aware of the opioid abuse epidemic and the unfortunate and unintended consequences it has taken on some patients. OMSs want to be part of the solution, not the problem. As members of Congress seek additional ways to address opioid abuse, AAOMS requests consideration of the following points:

Continuing Education (CE)

- **AAOMS is committed to educating its membership about the potential for opioid abuse. This is evidenced by the education efforts AAOMS has provided to its membership. Data, included in the attached flier, suggest those efforts are working.**
- AAOMS supports CE, but to be most effective, it should be managed at the state level because CE has traditionally been under the purview of the states.
- Any CE requirement should be appropriately proportionate to CE requirements on other topics and customized so it is relevant to each type of prescribing situation.
- Any federal requirement should either exempt prescribers in states with existing requirements or supersede those state requirements so prescribers are not subject to duplicative requirements.
- Provider specialty organizations such as AAOMS should be included as accepted practitioner training organizations for CE requirements.

Prescription Drug Monitoring Programs

- AAOMS supports properly funded prescription drug monitoring programs (PDMPs) that are updated in real time by dispensers and interoperative between states.
- Approved auxiliary personnel should be authorized to access the system on the practitioner's behalf.
- It should not be mandatory to check a PDMP for acute pain patients who receive an opioid prescription of less than seven days following an invasive surgical procedure, as the risk of abuse and diversion is low in these instances.

Prescribing Initiatives

- AAOMS appreciates the development of prescribing guidelines. In 2017, AAOMS published prescribing recommendations for the management of acute and postoperative pain for the OMS patient that urge non-narcotic pain management – rather than opioids – be utilized as a first-line therapy to manage a patient's acute and post-surgical pain.
- Any effort by government entities to develop prescribing guidelines should recognize the unique care provided by OMSs by involving them in the development process and avoid a one-size-fits-all approach as pain management needs vary patient to patient.
- Partially filling a prescription with the option to acquire the remaining amount only when necessary should be encouraged because it would lessen the risk of diversion of unused medications.
- Any dosage limitation restrictions should allow provider discretion because the management of pain severity varies by procedure and patient.
- Work with appropriate agencies to secure approval of innovative solutions for alternative pain management options, which would reduce the need for opioids. This would include pharmaceuticals that extend the length of surgical site anesthesia, such as bupivacaine HCl.



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