Prevention of Essential Drug Shortages

**Legislative Ask:** AAOMS requests members of Congress support efforts to address the drug shortage crisis in our country by co-sponsoring legislation such as S. 296/H.R. 2245, the Preserving Access to Life-Saving Medications Act and H.R. 3839, the Drug Shortage Prevention Act.

**Legislative Background:** S. 296 was introduced by Senator Amy Klobuchar (D-MN) on February 7, 2011. This bill currently has 29 co-sponsors. H.R. 2245 was introduced by Congresswoman Diana DeGette (D-CO) on June 21, 2011. This bill currently has 82 co-sponsors. H.R. 3839 was introduced by Congressmen John Carney (D-DE) and Larry Bucshon (R-IN) on January 31, 2012. This bill currently has 23 co-sponsors.

**The Impact:** Oral and maxillofacial surgeons are among the healthcare providers who administer and prescribe essential drugs on a daily basis. However, these providers, along with pharmacists and patients, are among the last to know when an essential drug will be in short supply or no longer available. These shortages often have an immediate negative effect on providers’ ability to deliver the best quality care to their patients. The US Food and Drug Administration (FDA) currently lists many important drugs as being in short or critically short supply. The growing unavailability of drugs necessary to treat cancer is only the tip of the iceberg. The problem is becoming increasingly widespread and includes the outright unavailability and lack of acceptable alternatives to essential anesthetic drugs like Versed or Propofol. The anesthesia performed in the outpatient setting of the oral and maxillofacial surgery office is an integral part of our patient care, and without these essential drugs, access to care and patient care are compromised.

Consequently, AAOMS believes there is an urgent need to establish a drug shortage early warning system, as advocated in H.R. 2245, S. 296, and H.R. 3839, by increasing notification requirements for drug manufacturers and compelling those manufacturers to develop contingency plans for manufacturing interruptions. This will allow healthcare providers and pharmacists to better prepare for such shortages, while ensuring that patients continue to receive the best care possible. Such advance warnings will improve coordination between the pharmaceutical industry, the FDA, and providers so patients do not lose access to the necessary medications on which they depend.

AAOMS also believes that the dental community must be involved in any adjusting or redefining of the notification process. For example, if a “critical drug list” is created, as is recommended in H.R. 3839, or an advisory panel convened, members from the dental provider community, such as oral and maxillofacial surgeons, should play a role in helping to define critical drugs and/or counseling lawmakers on drug shortage prevention mechanisms.

The American Society of Anesthesiologists and the American Hospital Association also support an early notification system.