



February 2, 2021

The Honorable Anna Eshoo
Chair, Subcommittee on Health
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Brett Guthrie
Ranking Member, Subcommittee on Health
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairwoman Eshoo and Ranking Member Guthrie:

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 holding the upcoming hearing entitled, "Road to Recovery: Ramping Up COVID-19 Vaccines, Testing, and Medical Supply Chain."

In the deficit of a nationally coordinated strategy during the pandemic, states have needed to fill the leadership void to procure personal protective equipment (PPE), testing and vaccine supplies as well as facilitate mass vaccine distribution. The pandemic has also impacted the global supply chain for many commonly used healthcare supplies and devices.

AAOMS is gravely concerned about the lack of uninterrupted access to affordable PPE and other healthcare supplies, as well as the disproportionate distribution of vaccines thus far, particularly among our association's membership. We strongly encourage federal involvement to help mitigate these issues.

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. This includes – but is not limited to – the use of N95 masks and face shields as well as full body gown coverings. 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 recently passed 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.

As previously noted, the pandemic has significantly impacted the global supply chain for PPE, vaccine and testing supplies as well as commonly used supplies in the healthcare setting. Our members, for example, are currently experiencing shortages of anesthetics such as Propofol, Rocuronium, as well as certain brands of gloves and disinfectants.

We are pleased the Biden Administration intends to increase the federal role in managing supply chain-related issues as well as vaccine coordination and distribution to states. We want to share with the subcommittee the following recommendations – several of which we also offered to the Biden Administration as they move forward with implementation:

- Continue to utilize every means necessary – including the Defense Production Act – to manufacture more vaccine and associated supplies. Our nation’s vaccination efforts, in particular, are only successful if there is enough vaccine to distribute to patients in a timely manner.
- Utilize the same efforts to ensure stable access to other critical healthcare supplies – both in the short-term and long-term. The experience of the past year should serve as a cautionary tale of what happens when we rely too heavily on foreign manufacturers to supply our nation’s healthcare systems. We must ensure a sufficient and stable domestic stockpile of medicines and supplies to avoid a repeat scenario.
- Coordinate with national healthcare professional societies, such as AAOMS, to ensure supply needs and stockpiles are being met.
- 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.

Thank you again for holding this important hearing and for considering our recommendations. We have faced an unprecedented national health crisis and cannot afford to stumble at the finish line. AAOMS stands ready to work with Congress and the Biden Administration in any capacity you deem appropriate to hasten the end of this deadly pandemic.

For questions or additional information, please contact Jeanne Tuerk, manager of government affairs at 800-822-6637, ext. 4321 or jtuerk@aaoms.org.

Sincerely,

A handwritten signature in black ink that reads "B.D. Tiner, DDS, MD, FACS". The signature is written in a cursive, flowing style.

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