



American Association of Oral and Maxillofacial Surgeons

VIA EMAIL

Feb. 24, 2023

Yngvild K. Olsen, M.D., M.P.H.
Director, Center for Substance Abuse Treatment (CSAT)
Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Olsen:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), I thank you for the opportunity to join the MAT/MATE Listening Session with SAMHSA Stakeholders on Feb. 13, 2023.

AAOMS represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States. Defined as “physicians” under section 1861(r)(2) of the Social Security Act, OMSs complete four to six years of specialty residency training after dental school. U.S. residency programs are accredited by the Commission on Dental Accreditation (CODA).

While CODA’s *Accreditation Standards for Dental Education Programs* (predoctoral standards) require “consideration of the impact of prescribing practices and substance use disorder” as part of the competency in providing local anesthesia, and pain and anxiety control (Standard 2-24), neither these predoctoral standards nor CODA’s *Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery* (OMS residency standards) presently mandate competency in the treatment of substance use disorders. Further, while some OMSs – approximately 27% of AAOMS members – are dual-degreed in dentistry and medicine, OMSs generally do not and cannot provide for the treatment of substance use disorders.

Accordingly, AAOMS appreciates the provisions in the final language of the MATE Act to allow for the minimum of 8 hours of training to be in “the safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders” in lieu of training on the treatment of substance use disorders. We also appreciate that education may be provided by various organizations including the American Dental Association (ADA) and AAOMS.

However, AAOMS and its members have various questions and concerns with the implementation of and compliance with this requirement.

Lack of clarity in training that meets the expectations of the MATE Act

While SAMHSA does not have the authority to mandate requirements for course content or delivery that meet the threshold for compliance with the MATE Act, the U.S. Drug Enforcement Agency (DEA) does have the authority to assess whether training is sufficient for issuance or renewal of licenses to prescribe controlled substances.

While organizations, such as AAOMS, stand ready to provide or direct its members to training in an effort to meet the 8-hour mandate, it is unknown whether completion of said training will be accepted by the DEA as sufficient for compliance. For example, it is unclear whether training must be live or can be on-demand, and whether the 8 hours must be completed in a single session or may be divided among various educational opportunities. More disconcerting is that it is unclear as to whether training must include *all* criteria indicated in the Act – e.g., pharmacological management of pain, screen, intervention *and* referral – or if the requirements can be met with a focus on one or some of these components, and how training will be evaluated to determine if it has met these criteria.

Development, marketing and presentation of coursework, utilizing qualified educators, requires significant time and resources, and the lack of clarity on these matters leaves organizations with the risk of providing training that fails to meet the expectations of the DEA. Moreover, if referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders is a requirement of training, establishment of a network of appropriate persons to whom to refer will also require thoughtful consideration and development.

Overly prescriptive nature of proposed competencies and future rulemaking

On the other hand, guidance or rulemaking that is overly prescriptive can and will result in much-needed practitioners opting against renewal of their DEA licenses, creating a significant gap in access to care.

While competencies proposed by SAMHSA will not be mandates, use of these competencies by the DEA can significantly impede the ability of practitioners to provide care. Further, a one-size-fits-all approach to these competencies – should they be adopted by the DEA – may render OMSs, for whom treating substance use disorders is not within their scope, to be unable to prescribe controlled substances needed during and after oral surgery. Additionally, variability of state laws can significantly affect the expectations for compliance across jurisdictions.

To resolve this seeming Catch-22 of needing greater specificity to provide the appropriate resources while facing the risk of specificity rendering compliance unlikely or impossible, AAOMS echoes the sentiments expressed by the ACCME and AMA during the Listening Session that determining the appropriate scope, content and desired competencies of education must fall within the domain of dental and medical schools and institutions that provide continuing education, and not within the regulatory landscape.

Insufficient time for implementation

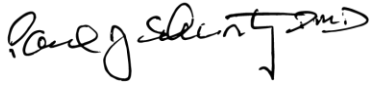
Based upon the concerns presented above, as well as those expressed clearly by various organizations during the Listening Session, it is abundantly clear that a June 21 deadline is not realistic for implementation.

Accordingly, AAOMS would respectfully request that the implementation date be delayed for at least a year thereafter to enable SAMHSA, the DEA, educational institutions and organizations whose members are affected by the Act, to exercise the necessary due diligence to ensure compliance with the MATE Act and

continued availability of qualified practitioners to prescribe the controlled substances needed for appropriate pain management of patients within respective scopes of practice.

We look forward to our continued collaboration toward this effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul J. Schwartz, DMD". The signature is fluid and cursive, with a distinct "S" at the end.

Paul J. Schwartz, DMD
AAOMS President

CC: Karin K. Wittich, CAE, Executive Director, AAOMS