

American Association of Oral and Maxillofacial Surgeons

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AAOMS.org

J. David Morrison, DMD President

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Stephen Astle Director, Defense Industrial Base Division Office of Strategic Industries and Economic Security Bureau of Industry and Security U.S. Department of Commerce 1401 Constitution Avenue, NW Washington, DC 20230

Re: XRIN 0694-XC120 Pharmaceuticals 232 Notice

Dear Mr. Astle:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), which represents more the 9,000 oral and maxillofacial surgeons (OMSs) in the United States, thank you for the opportunity to comment on the impact of possible U.S. tariffs on pharmaceutical drugs and active pharmaceutical ingredients (APIs).

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 – and the bridge to medical colleagues – OMSs provide vital services that are urgent, emergent and outpatient in nature. Most OMS offices function as small, independent operatories with OMSs who diagnose and treat conditions related to the maxillofacial complex. They provide office-based sedation and anesthesia on a daily basis to patients who would otherwise not tolerate treatment outside a hospital operating room.

OMSs rely on various types of pharmaceutic products to provide high quality patient care. These include, but are not limited to, anesthetics, analgesics, antibiotics, antiemetics, emergency medications (e.g. epinephrine, ephedrine, glycopyrrolate, atropine, adenosine), and saline. Some of these drugs are imported but even those that are manufactured in the United States are often comprised of raw ingredients from other countries.

AAOMS is concerned that imposing tariffs on foreign-produced pharmaceutical products or APIs will not only increase the costs of these products for providers and patients but also could disrupt supply chains – potentially worsening existing drug shortages or creating new ones. Our members deal with ongoing drug shortages daily and the U.S. Food and Drug Administration (FDA) recorded a record high 323 drugs in shortage in early 2024. Currently, the FDA lists 271 drugs on their shortage list.¹ In times of shortages, the U.S. often relies on foreign sources to ensure patients continue to have access to critical medicines. For instance, foreign manufactured drugs recently played a crucial role in mitigating the IV fluids shortage caused by hurricane-related damage to a Baxter pharmaceutical facility in North Carolina².

Reliable access to international pharmaceutical supply chains – free from additional financial barriers – is essential to maintaining a stable and affordable supply of medications, including life-saving drugs, for the U.S. healthcare system and the patients it supports. Imposing tariffs on these products threatens to disrupt access and will inevitably drive up costs for both patients and healthcare providers. Therefore, AAOMS urges the Secretary to exempt pharmaceutical products from the imposition of any new tariffs.

Please contact Jeanne Tuerk, AAOMS Director of Government Affairs with any questions at 800-822-6637, ext. 4321 or <u>ituerk@aaoms.org</u>.

Sincerely,

J. David Morrison 200

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¹ American Society of Health System Pharmacists. Drug Shortages Statistics, National Drug Shortages: January 2001 to December 2024. <u>https://www.ashp.org/drug-shortages/shortage-resources/drug-shortages-statistics</u>. Accessed April 29, 2025.

² Kansteiner, Fraiser. "Baxter to import 18,000 tons of IV product by year-end as hurricane recovery efforts continue in NC." *FiercePharma*, Oct. 14, 2024. <u>https://www.fiercepharma.com/pharma/baxter-import-18000-tons-iv-product-year-end-hurricane-recovery-efforts-nc-continue</u>.