

Department of Commerce, Community, and Economic Development

BOARD OF DENTAL EXAMINERS

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To Whom It May Concern,

The Alaska Board of Dental Examiners, the Alaska Dental Society, and the dental profession have become acutely aware of the role dentists who prescribe narcotics can play in helping reduce the threat of opioid abuse and addiction. The Alaska Legislature introduced and passed a set of laws through AS 17.30.200 and AS 08.36 that detail what is expected with regards to prescribing behavior. This proactive approach to combating the opioid crisis and supporting dentists in exercising clinical judgment and judicious prescribing practices is supported by the Board of Dental Examiners, who is willing and able to help regulate opioid prescribing behavior.

The Board of Dental Examiners has begun to develop disciplinary penalties for failure to register for the prescription drug monitoring program (PDMP), delivered through the web-based database, AWARXE. The board will also develop actions that can be taken against the "habitual" offender (prescribing dentist) who routinely does not issue a brief and easy to understand warning about possible opioid addiction, mention that opioid abuse can lead to heroine abuse, and other concerns or fails to offer a reasonable alternative. When a compliance module becomes available that allows for the identification of "habitual" over prescribers or prescribers who fail to consult the data base, the board is willing to take action in that case as well.

Another important aspect of the effort to curb opioid addiction and abuse is to promote communication and collaboration between the prescribing dentist and the pharmacist. The Board of Dental Examiners feels the pharmacist should not have to play gatekeeper by turning away patients because of faulty and misguided prescribing practices of dentists who have not done their due diligence. The Dental Board will take steps to encourage this vital communication and make sure our prescribing dentists have access to both the legal requirements and suggested guidelines to follow when they feel a narcotic prescription is appropriate.

The board feels confident that dentistry is in a good position to make quick headway towards a reduction in the prescribing of opioids. Most importantly, many new studies show that management of acute dental pain is better handled with non-narcotic alternatives and dentists are paying attention. Also, in an extremely high percentage of cases where opiates are prescribed, it is only for the short 48-hour period after a dental procedure and rarely requires more than 3 days or refills.

The Alaska Board of Dental Examiners is ready to participate in the collaborative effort to help curtail this terrible problem.

Respectfully Submitted,

David Nielson, DDS

Chair, Alaska State Board of Dentistry