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March 29, 2023

The Honorable Bernard Sanders Chair Health, Education, Labor, and Pensions Committee United States Senate Washington, DC 20510

The Honorable Bill Cassidy, M.D. Ranking Member Health, Education, Labor, and Pensions Committee **United States Senate** Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of our 40,000 members, the Academy of General Dentistry (AGD) is writing in response to the Health, Education, Labor, and Pensions (HELP) Committee's request for information (RFI) on the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA). The COVID-19 response made evident the many weaknesses in the country's preparedness for pandemics.

# **Program Effectiveness**

#### **Public Health Emergency Coordination and Policy**

The U.S. endured demonstrably poor COVID-19 outcomes compared with many other nations<sup>1</sup> and U.S. health authorities must learn from the multiple deficiencies in our COVID-19 response. The failings in the U.S. response do not appear to have resulted from a lack of federal authority. As we will discuss below, a resolve to manufacture our medical and dental supply chain within the U.S. would greatly assist in the nation's response to future pandemics and lessen a critical national security issue.

Dentistry has a long and successful history in leading in infection control as it did during the HIV/AIDS crisis. Dentists know how to limit transmission of disease via aerosol generating

<sup>&</sup>lt;sup>1</sup> Johns Hopkins University of Medicine, Coronavirus Resource Center Mortality Center. Mortality Analyses - Johns Hopkins Coronavirus Resource Center (jhu.edu)



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procedures and were successful in limiting COVID transmission.<sup>2</sup> Unnecessary regulatory and legislative burdens will only impede dentistry's successful history of infection control.

# **COVID Response**

Initially, the American Dental Association (ADA) recommended that dental offices be closed until April 6, 2020, except to those cases presenting as an emergency. The guidance was further extended until April 30, 2020<sup>3</sup>. As a result of these dental office closures, more patients were required to seek care via hospital emergency department visits.<sup>4, 5</sup>

Medical scientists well versed in data about viral infections and pandemics, with knowledge of fundamental biology, should provide the Executive branch with recommendations as to the best ways to mitigate disease and death. The most vulnerable populations must be targeted for extra protection.

# **Testing**

Initially, the Centers for Disease Control and Prevention (CDC) lagged by several weeks in providing an antigen test to determine positivity for SARS-CoV-2. While Germany had a test that was functional, the U.S. lost several weeks in rolling out a test designed to identify positivity of the SARS-CoV-2 virus. This was an unfortunate occurrence and must not be repeated in the future. Validated testing must be available to the public almost immediately.

Dental offices should be able to administer tests to help identify asymptomatic individuals. This will protect the dental staff, as well as the general public, by providing for earlier notification of an infected individual, allowing for quicker treatment and quarantining.

<sup>&</sup>lt;sup>2</sup> Araujo, M, et. al. COVID-19 Among Dentists in the United States, A 6-month Longitudinal Report of Accumulative Prevalence and Incidence. JADA 2021:152(6):425-433.

<sup>&</sup>lt;sup>3</sup> American Dental Association. Summary of ADA Guidance During the COVID-19 Crisis | American Dental Association

<sup>&</sup>lt;sup>4</sup> American Association for Dental, Oral, and Craniofacial Research (AADOCR). Study Evaluates the Impact of Dental Office Closures During COVID-19 on Dental Conditions Among Publicly-insured Children | AADOCR - American Association for Dental, Oral, and Craniofacial Research

<sup>&</sup>lt;sup>5</sup> Whyte, F, et. al. Dental Utilization in a Pediatric Emergency Department and Urgent Care Centers Before, During and After Shutdown of a Pediatric Dental Clinic During the COVID-19 Pandemic 2019-2021. Pub Health Rep 2023 Feb 3. Dental Utilization in a Pediatric Emergency Department and Urgent Care Centers Before, During, and After Shutdown of a Pediatric Dental Clinic During the COVID-19 Pandemic, 2019-2021 - PMC (nih.gov)



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### Medical Countermeasures Development and Deployment

PPE/Strategic National Stockpile

When allowed to re-open dental offices had a very difficult time obtaining the personal protective equipment (PPE) that they needed to safely treat their patients.

Personal protective equipment and patient protective equipment are critical to a rapid national pandemic response. Stocks in the Strategic National Stockpile must be in abundant supply at all times. Stocks of PPE and other essential medical devices must be ready to be deployed at a moment's notice, available for use, and not past their expiration dates. Although the Senate Homeland Security Committee report referenced below found that drug shortages pose a national security risk, medical devices and PPE should also be considered in the same context.

The Senate Homeland Security Committee issued a report on the U.S. drug supply chain and found that drug shortages pose a health and national security risk.<sup>6</sup> Many active pharmaceutical ingredients (API) are not currently available in the United States. Congress should consider initiatives to strengthen our national medical/dental supply chain.

#### Support for Jurisdictional Preparedness and Response Capacity

AGD dentists interacted with members of the Federal Emergency Management Agency (FEMA) to aid in federal response efforts. Initially, FEMA did not fully appreciate dentistry's need for PPE and this lack of awareness delayed opportunities for dentists to obtain the necessary supplies/devices. Eventually, the rationale for supplying PPE to the profession was based on the need to help restrict/eliminate emergency room (ER) dental visits for dental related issues. Therefore, future medical supply chain needs must be accessible to dentists to aid in mitigating ER visits.

# **Partnerships**

Recommendations and guidance from national agencies such as the CDC and the Occupational Safety and Health Administration (OSHA) were often conflicting with each other. Rear Admiral Timothy Ricks provided exemplary leadership during the COVID-19 pandemic by dispensing timely information and coordinating efforts within the dental community. A central point-person should be available to review and disseminate information that is both accurate and

<sup>&</sup>lt;sup>6</sup> U.S. Senate Homeland Security & Governmental Affairs. Short Supply: The Health and National Security Risks of Drug Shortages. March 2023. <u>Drug-Shortages-HSGAC-Majority-Staff-Report-2023-03-22.pdf (senate.gov)</u>



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appropriate. This individual should also be available for input to identify shortcomings in recommendations and guidance, thus making timely adjustments possible.

The AGD appreciates the chance to provide information to the HELP Committee as it reauthorizes PAHPA. If you have any questions please contact Dan Buksa, JD, CAE Associate Executive Director of Public Affairs at 312-440-4328 or via e-mail at Daniel.buksa@agd.org.

Sincerely,

Hans P. Guter, DDS, FAGD President

Academy of General Dentistry

CC: Colleen Lawler, CAE IOM

Hans Guters DDS, FAGD

**Executive Director** 

Academy of General Dentistry

Myer Brahams