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The Honorable Heather Sanborn
Chair
Committee on Health Coverage, Insurance
and
Financial Services
c/o Legislative Information Office
100 State House Station
Cross Building, Room 220
Augusta, ME 04333

The Honorable Denise Tepler
Chair
Committee on Health Coverage, Insurance
and
Financial Services
c/o Legislative Information Office
100 State House Station
Cross Building, Room 220
Augusta, ME 04333

Dear Senator Sanborn, Representative Tepler, and Distinguished Members of the Health
Coverage, Insurance and Financial Services Committee:

My name is Kristopher Cooper, and I am a Mainer and current resident trainee completing my final year of Oral and Maxillofacial Surgery (OMFS) residency at the University of Pittsburgh Medical Center in Pittsburgh, PA. I appreciate the opportunity to offer this testimony in support of LD 1629 which will provide clarification on Maine medical licensure requirements for physicians in my surgical specialty.

Though this issue does not *only* pertain to my personal situation, an explanation of my background helps illustrate how someone with extensive medical and surgical training can slip through the cracks due to a lack of clarity in the statute defining post graduate medical training requirements for medical licensure. I grew up in Winthrop and graduated from Winthrop High School in 2007. I then attended the University of Maine on a full academic scholarship where I earned a B.S. in Biology and graduated as the valedictorian of the class of 2011. I spent the next 4 years at the University of Connecticut School of Dental Medicine earning my Doctor of Dental Medicine (DMD) Degree. I was then fortunate enough to achieve a match at one of the country's most prestigious OMFS Residency Programs at the University of Pittsburgh Medical Center. I have been enrolled in this post graduate residency training since 2015, earned my Doctor of Medicine (MD) degree from the University of Pittsburgh School of Medicine and will finally earn my certificate in OMFS in June 2021. I will now be eligible for medical licensure in 49 states in the United States, but because of the unclear language in a statute that was initially implemented to ensure license eligibility for doctors with my training background, Maine remains the one and only state in which I am not eligible for medical licensure. I would now like to take this opportunity to explain the problem with Maine medical licensure requirements and the simple proposed bill that will help fix it.

All oral and maxillofacial surgeons complete a minimum of 48 months of post graduate surgical education and about half of us elect to participate in a 72 month “dual degree” program, which adds an additional 24 months of training and includes the award of a Doctor of Medicine (MD) degree during the third or fourth year of residency. Pitt happens to award the MD after 4th year. Such dual degree programs are accredited by both the Commission on Dental Accreditation (CODA) and The Accreditation Council on Graduate Medical Education (ACGME). Because we are a combination dental/medical specialty, the ACGME accredits up to 24 months of the 72 months of total residency; in fact, 24 months is the maximum ACGME accreditation that oral and maxillofacial surgery programs can achieve, and the University of Pittsburgh Medical Center program meets this maximum standard.

There are a select few states in the United States which require 36 months of post graduate medical education for medical licensure – they are California, Nevada, New Jersey, and Maine. All other states require 24 months or fewer. The states requiring 36 months of post graduate medical education for medical licensure have realized that Oral and Maxillofacial Surgeons seeking medical licensure are critical members of the healthcare community who complete lengthy 72-month residency programs, and have thus adopted statutes to accept both ACGME and CODA accreditation toward medical licensure. Unfortunately, the statute in Maine (which was adopted in 2013) dealing with medical licensure for Oral and Maxillofacial Surgeons has language which makes requirements unclear and confusing and the board was unable to grant my request for medical licensure despite the fact that my training background is substantially identical to the other oral and maxillofacial surgeons in Maine who have been granted medical licensure. The initial intent of this statute in Maine was to prevent this very issue from happening, but the wording still requires clarification, thus the need for passage of LD 1629.

The University of Pittsburgh, like several other OMFS programs, happens to award the MD degree to OMSs during the fourth year of residency training. Because surgical trainees with a dental degree (DMD or DDS) are granted all the same rights and responsibilities in the hospital as our physician colleagues upon entry into our first year of residency, nothing about our training changes after the MD is awarded during the fourth year of residency. Thus, in the context of an OMFS training program, the graduation date from medical school is truly arbitrary and is not a metric of program quality. All accredited OMFS programs must meet the same rigorous clinical and educational standards required by CODA and the ACGME.

There is a simple solution to this problem: Like other states requiring 36 months of ACGME accredited post graduate medical education for medical licensure, Maine should also accept CODA accredited training for physicians who have graduated from 72-month oral and maxillofacial surgery residency programs. All such physicians will have completed 72 months of CODA accredited post graduate training, and thus Maine should accept that only 24 months of that training be accredited by the ACGME. After all, as mentioned above, this is the maximum accreditation standard that can be expected in this particular surgical specialty.

To summarize my testimony, for Oral and Maxillofacial Surgeons graduating from programs structured like the University of Pittsburgh Medical Center:

- **We are eligible for licensure in every US state except Maine.** Maine is an outlier only because of the wording of current statutes *despite* the initial intent of the law. Changing the law will not cheapen the quality of doctors in Maine; rather, it will make the state on par with the rest of the nation and increase the number of qualified oral surgeons considering practicing in Maine.
- Other Oral + Maxillofacial Surgeons with identical training have been granted medical licensure in the state of Maine because the order of their training (not the actual content) appears to be different based on the arbitrary medical school graduation date.
- Oral and Maxillofacial Surgeons provide a much-needed service to patients and by driving these specialists away to other states, Maine residents may be more likely to have difficulty finding the care that they need.
- This proposed statute in no way offers a “slippery slope” or “backdoor” for medical licensure of unqualified individuals. Completing an integrated-MD accredited 72 months oral and maxillofacial surgery residency with 24 months ACGME accreditation is a maximum and rigorous standard which would ensure only the most qualified individuals would be eligible for licensure.

Thank you for taking the time to review my testimony. After spending 14 years after high school in training which includes a bachelor’s degree, Doctor of Dental Medicine (DMD) degree, Doctor of Medicine (MD) degree and 6 years of hospital based surgical residency training, being told by my home state that it’s not good enough was truly shocking and heartbreaking. My wife and I both grew up in Maine and have long planned to move back to raise our 3 small children in the state we love. I will not break my promise to dedicate my hard-won skills and expertise to my fellow Mainers. I can’t emphasize enough the importance of passage of LD 1629 to ensure that well qualified providers can help serve the deserving people of Maine.

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