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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

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

My name is Larry Cunningham, and I am the Chair of Oral and Maxillofacial Surgery at the University of Pittsburgh Medical Center (UPMC) and University of Pittsburgh School of Dental Medicine. I appreciate the opportunity to offer comment in support of LD 1629 – a bill that will allow for medical licensure of oral and maxillofacial surgeons with accredited post graduate medical training.

This issue was brought to my attention when I learned that one of my chief residents, Dr. Kristopher Cooper, was pursuing plans to return to his home state of Maine to start his career as an oral and maxillofacial surgeon. Dr. Cooper informed me that he was deemed ineligible for medical licensure in the state because he will not meet the post graduate education requirements specified by the Maine State Board of Licensure in Medicine.

I was initially quite surprised to hear about this issue given all the work our profession has done over the years to clarify our training background to state licensing bodies. The Oral and Maxillofacial Surgery training program at the University of Pittsburgh Medical Center meets all accreditation requirements set forth by the Commission on Dental Accreditation (CODA), and our dual-degree (DMD/MD) physicians earn a full 24 months of training accredited by the Accreditation Council on Graduate Medical Education (ACGME) -- this is the highest number currently possible in an oral and maxillofacial surgery program. The 72mo curriculum is accredited by the Commission on Dental Accreditation in its entirety. Dr. Cooper also came to us from a highly respected and fully accredited dental school – the University of Connecticut School of Dental Medicine. Furthermore, the medical school with which we are proudly affiliated (University of Pittsburgh School of Medicine) meets all accreditation requirements specified by the Liaison Committee on Medical Education.

I understand that the few oral and maxillofacial surgeons who have successfully attained medical licensure since Maine began requiring 36mo of ACGME post graduate medical education (LD 398 in July 2005) did so under the rules governed by statute M.R.S.A. tit. 32, § 3271. This 2013 statute allowed for consideration of CODA accredited training years toward medical licensure which permitted residents who earned an MD degree during accredited 72mo OMFS training programs. These medical degrees are typically awarded following the 3rd or 4th year during the 6-year OMFS program. Because our residents come from dental school, their professional credentials allow for equal clinical and educational experiences in the hospital as their physician colleagues. Post-graduate medical and surgical education is fully integrated during the entirety of the 72mo residency program, and there is no increase in the privileges of our doctors after graduation from medical school. I hope this description serves to illustrate that the timing of the MD award (3rd or 4th year) has absolutely no bearing on the quality of training in an oral and maxillofacial surgery program. In my opinion, it should not enter into consideration when evaluating suitability for medical licensure.

Each year at UPMC we graduate two oral and maxillofacial surgeons with medical degrees. Our small and highly selective program has practicing surgeons all around the United States, none of whom have had issues with medical licensure. We have practicing residents with unrestricted medical licenses even in states such as CA and NJ which also require 36mo of ACGME accredited post graduate training. These states recognize our specialty's 72mo of CODA accredited training and understand that only 24mo can be accredited by the ACGME for oral surgeons. LD 1629's passage will allow Maine to join the ranks of all the other states who value and welcome the expertise that dual degree oral and maxillofacial surgeons can offer.

Interestingly, my other chief resident (Dr. Gregory Biron) will be entering practice in the neighboring state of New Hampshire this summer. He now holds unrestricted dental and medical licenses in NH and will be ready to see patients when we graduate him in June. In fact, his office is located in Portsmouth only a few miles from the Maine border. Dr. Cooper and Dr. Biron, as luck would have it, came to us from the same dental school (UConn) in 2015, completed this identical program together and each passed all their licensing examinations on the first attempt while moving through their training. However, Dr. Cooper's choice to practice in his home state-only a few miles away-has resulted in this unusual challenge to his qualifications. He could choose to practice virtually anywhere else without such challenge, but seems adamant about bringing his family back to Maine and serving the community that he clearly cares about.

I urge and support the passage of LD 1629. Surgeons from programs like ours play a pivotal role in patient care, and states cannot afford to turn them away.

Sincerely,



Larry L. Cunningham, Jr, DDS, MD
Professor and Chair of Oral and Maxillofacial Surgery
Associate Dean of Hospital Affairs
University of Pittsburgh School of Dental Medicine.