



VIA EMAIL: HCIFS@legislature.maine.gov

May 5, 2021

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 Sen. Sanborn and Rep. Tepler:

On behalf of the 9,000 members of the American Association of Oral and Maxillofacial Surgeons (AAOMS) – and the 33 members practicing in Maine – we thank you for the opportunity to provide comment to the committee on LD 1629, an act regarding the qualifications for licensure as a physician or surgeon. AAOMS strongly supports this legislation as it will provide greater clarity so qualified dual-degreed oral and maxillofacial surgeons (OMS) may achieve medical licensure in the state.

OMSs are medically trained dental specialists who treat conditions, defects, injuries and esthetic aspects of the mouth, teeth, jaws, neck and face. OMSs have extensive surgical training and experience in diagnosing and extracting teeth, but also treat and diagnose a variety of dento-maxillofacial diseases and conditions, including but not limited to, planning and evaluation for dental implants, craniofacial asymmetry, orthodontic treatment, impacted teeth, intraosseous cysts or tumors, dental and skeletal trauma and temporomandibular joint disorder.

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. Some residents choose to take part in a six-year program, which also awards a medical degree during the duration of the program. While a medical degree may not be issued until year three or four of the program, medical education is integrated into the full length of OMS residency training.

All OMS residency programs are accredited by the Commission on Dental Accreditation (CODA), which is the only organization recognized by the U.S. Department of Education to dictate requirements for advanced dental training programs. Those programs also offering a medical degree have an additional portion of their educational programs accredited through the Accreditation Council for Graduate Medical Education (ACGME) or the Liaison Committee on Medical Education (LCME). At times, the

educational offerings in an OMS residency program offering a medical degree overlap between CODA and ACGME/LCME recognition.

We are aware that LD 1629 was prompted when the chief resident of the OMS residency program at the University of Pittsburgh – Dr. Kristopher Cooper, an individual who holds both an MD and DMD degree – applied for medical licensure and was told by staff of the Board of Licensure in Medicine that he did not meet the educational requirements for the state. At the end of his training, Dr. Cooper will receive 72-months of postgraduate training in OMS, at least 24-months of which are ACGME accredited. The University of Pittsburgh issued his medical degree after 48-months of training, and he went on to complete a further 24-months of integrated dental/medical training after receipt of this degree. The Board of Medical Licensure states that because Dr. Cooper’s medical degree was issued in year four of his program, the state does not recognize that he has completed 72 months of post-graduate training. Rather, the state only recognizes 24-months, which does not meet the 36-month requirement stipulated in M.R.S.A. tit. 32, § 3271.

This denial and strict interpretation of M.R.S.A. tit. 32, § 3271 is troubling given the past efforts by the legislature to provide for the medical licensure of OMSs. As a point of history on this issue, in 2005, the legislature approved LD 398, raising the minimum required postgraduate ACGME training required to secure a medical license from 24- to 36- months. This new requirement effectively shutout any dual-degreed OMS as by the very nature of their training programs and dual CODA-ACGME/LCME accreditation status, OMSs would be unable to meet the minimum 36-month ACGME requirement. Recognizing this difficulty and the advanced training of OMSs – which is on par if not longer than many medical-only post graduate-training programs – LD 1437 was enacted in 2013 to recognize OMS residency programs offering 24-months of ACGME training as meeting the minimum educational requirements for the state provided the individual completed a total of 36-months of postgraduate training.¹

Since the enactment of LD 1437, few dual-degreed OMSs have entered the state, largely because their training programs did not meet the 24-month ACGME minimum required by M.R.S.A. tit. 32, § 3271. It is disheartening to hear that Dr. Cooper – a native Mainer who achieved such advanced education and training and wishing to return to his home state – was denied medical licensure due to an overly strict interpretation of a law previously amended to provide for individuals such as him.

The legislature needs to act on LD 1629 to correct this rigid interpretation by the Board of Medical Licensure not just for Dr. Cooper, but to ensure the state has future access to appropriately trained dual-degreed OMS. Maine cannot afford to turn away suitably trained providers as doing so will only exacerbate access to care issues for the citizens of the state. Further, why should Maine lose its own sons and daughters to other states who have left to be educated by the best programs in the country because of draconian policies that fail to allow them to return home.

¹ Maine is not the only state to provide such accommodation for OMSs. According to the [Federation of State Medical Boards](#), California (Cal. Bus. & Prof. Code § 2096 (West)) and Nevada (Nev. Rev. Stat. Ann. § 630.160 (West)) are the only other states in the nation requiring three years of postgraduate training to be completed by domestic graduates seeking medical licensure; both states provide accommodations for OMS residents as indicated in the citations note above.

We thank you for the opportunity to submit these thoughts and look forward to our continued collaboration on this and other issues affecting dentistry. Please contact Ms. Sandy Guenther of the AAOMS Governmental Affairs Department at 847-678-6200 or sguenther@aaoms.org for questions or additional information.

Sincerely,

A handwritten signature in black ink that reads "B.D. Tiner, DDS, MD, FACS". The signature is fluid and cursive, with the initials "B.D." being particularly prominent.

B.D. Tiner, DDS, MD, FACS
AAOMS President

CC: The Honorable Tavis Hasenfus (Tavis.Hasenfus@legislature.maine.gov)
Kristopher R. Cooper, DMD, MD, Chief Resident, Department of Oral and Maxillofacial Surgery,
University of Pittsburgh Medical Center
Gregory V. Sarka, DDS, MD, President, Maine Society of OMS
Angela Cole Westhoff, Executive Director, Maine Dental Association

Sandy Guenther
American Association of Oral and Maxillofacial Surgeons

Mr. Ricci:

On behalf of the American Association of Oral and Maxillofacial Surgeons, please find attached a comment letter in support of LD 1629, currently referred to the Committee on Health Coverage, Insurance and Financial Services. We would appreciate your assistance in distributing this letter to chairs Sanborn and Tepler, as well as the members of the committee at large. Please do not hesitate to contact us with any questions.

Sincerely,

Sandy Guenther
Manager, State Government Affairs

American Association of Oral and Maxillofacial Surgeons
9700 W. Bryn Mawr Ave., Rosemont, IL 60018
Office: 800-822-6637, ext. 4388 | Fax: 847-678-4619
sguenther@aaoms.org | AAOMS.org | MyOMS.org

Oral and maxillofacial surgeons: The experts in face, mouth and jaw surgery ®

The information provided to you through this e-mail message is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this e-mail. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers.

This message may contain confidential and/or privileged information. This information is intended to be read only by the individual or entity to whom it is addressed. If you are not the intended recipient, you are on notice that any review, disclosure, copying, distribution or use of the contents of this message is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete or destroy any copy of this message.