

SECTION I ADVISORY RULINGS  
Practice of Medicine

**Medical/Dental Tooth Extraction  
(Carious)**

Memorandum of Understanding: to address the circumstances when a physician may extract a carious tooth. MOU based upon a request from the Family Practice Residency Program. Documents follow.

EFFECTIVE DATE: April 12, 2005

REVISION DATES:

**MEMORANDUM OF UNDERSTANDING  
BETWEEN**

**BOARD OF LICENSURE IN MEDICINE**

**AND**

**BOARD OF DENTAL EXAMINERS**

**AUGUSTA, MAINE**

**I. BACKGROUND**

The number, distribution, availability, and practice policies of dentists in Maine are such that many of our citizens, especially the poor, do not have access to regular or emergent dental care. The problem appears to have worsened in Maine as fewer and fewer dentists and oral surgeons participate in call coverage systems in each hospital service area. The prevalence of severe dental disease is worse in Maine than most of the rest of the country. In 2002 survey data, Maine ranks 44<sup>th</sup> in the US in its percentage of edentulous adults (MMWR 12/19/03); in 1990, 40% of adults age 45-55 in Maine reported having lost "most or all" of their teeth (Maine office of Oral Health).

As a result of this high prevalence of dental caries and gum disease, there are recurrent visits by the same patients to physician's offices or hospital emergency rooms for dental related pain or infection over months and years; and, in many cases, the only treatment choices available to physicians are repeated prescriptions for narcotic pain medications and antibiotics. This is primarily because uninsured and MaineCare indigent patients who bear the bulk of the dental disease prevalence, cannot purchase restorative work or even extractions when the disease has progressed to the point of needing them. Most primary care doctors who care for this group of patients, suspect that recurrent prescriptions for pain medications leads to chronic narcotic use and abuse in this same population.

**II. OBJECTIVE**

In an effort to try to address these needs and lack of services some Maine primary care (family practice and others) residencies and/or practicing physicians are developing training programs to provide dental extractions and appropriate dental referrals so that a cadre of doctors in Maine may have and use these skills.

**III. JOINT RESPONSIBILITIES**

The Boards of Licensure in Medicine and Dentistry jointly agree that this process should aspire to provide one standard of care for extractions done by a physician or dentist for all socioeconomic groups.

Diagnostic x-rays should be available and used before any extractions with rare exceptions.

Physicians who volunteer to help provide services to the underserved should have training in differential diagnosis and treatment options as well as administration of local anesthesia and surgical technique. Dentists will be encouraged to participate in and support this educational effort, both didactically and clinically.

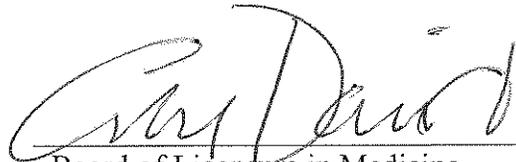
The Board of Medicine urges Physicians to find a collaborative general dentist or oral surgeon available for consultation/referral in the event of unexpected problems. And the Board of Dental Examiners encourages and supports its licensees to enter into such collaborative arrangements with local physicians. Both boards also urge the active involvement of the Maine Dental Association and the Maine Medical Association

In the event of a complaint to the Board of Licensure in Medicine about the dental care provided a patient, the two boards encourage the use of the Dental Board's complaint officer in evaluating the merits of the complaint.



Board of Dental Examiners  
Jerrold H. Cohen, D.M.D.

4/12/05  
Dated:



Board of Licensure in Medicine  
Edward David, M. D.

04-06-05  
Dated