

Legislative Testimony
Public Health Committee
HB 5447 AAC The Certificate Of Need Process
Friday, March 12, 2010
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Senator Harris, Representative Ritter and members of the Public Health committee, my name is Dr. Alan Lurie and I have been practicing dentistry for 37+ years in the town of Farmington, Connecticut. I am a specialist in Oral and Maxillofacial Radiology, am a Fellow of the American Academy of Oral and Maxillofacial Radiology, am a Past President of the American Board of Oral and Maxillofacial Radiology, and am the President-elect of the American Academy of Oral and Maxillofacial Radiology. I am also the Chair of the Section of Oral and Maxillofacial Radiology at the University of Connecticut, School of Dental Medicine; I state this as I am testifying as a private citizen of the State of Connecticut, and am not in any way attempting to represent views of the school. I do not think that my appointment and responsibilities in the school will interfere with my ability to objectively address the issues being discussed here today. I thank you for the opportunity to present this written testimony to you in support of HB 5447.

Conebeam CT (CBCT) imaging is now being widely employed as a seminal diagnostic technique by general dentists and specialists throughout the United States. It is used for treatment planning of dental implants; evaluations of patients with temporomandibular joint (TMJ) pain; demonstrations of the relationships of impacted teeth and lesions of the jaws to critical normal anatomic structures to better allow planning of more safe surgical interventions; diagnosis of dental conditions, such as vertically fractured tooth roots, which were previously almost impossible to detect; and a variety of other conditions of the teeth and jaws which previously required imaging modalities which were far less efficacious than CBCT.

Conebeam CT technology uses far less radiation to acquire the image than does multislice CT technology. Additionally, the costs of purchase, operation, and the cost to the patient for CBCT are all less than that for multislice CT. Thus, access to such imaging should be readily available to the citizens of the State.

Conebeam CT purchase and operation is not subject to CON regulations for dentists in 48 of the nations' 50 states. Dental offices, dental units in larger health care facilities, and dental schools are all free to purchase and operate such equipment as they deem most appropriate and in the best interests of their patient population. This is not the case in Connecticut, and the resulting difficulty in acquiring such images along with their interpretation for their patients makes Connecticut an increasingly less desirable place to practice dentistry than almost anywhere else in the country. Additionally, dentists that are educated and trained in Connecticut know that they have to leave the state to practice if they wish to utilize CBCT imaging.

Finally, CBCT imaging is rapidly becoming the standard of care for diagnosis and treatment planning of many dental procedures. It is critical that our states' dental practitioners and dental educators have free and unfettered access to the use of such imaging to keep pace with the rest of the country, and in fact, the rest of the industrialized world. In my opinion, requiring dentists to submit a CON for purchase and operation of a CBCT instrument is interfering with the best possible quality of care for the citizens of the state and with the best possible education for the students of the states' dental school and other residency programs. I feel that dental offices and facilities should be exempted from the CON requirement.

In closing, I would like to again thank the Committee for allowing me to testify before you today and would be happy to make myself available, now at any other time, should you have questions.

Sincerely,

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