TESTIMONY OF

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PUBLIC HEALTH COMMITTEE

Wednesday, February 27, 2013

HB 5445, *AN ACT CERTIFICATE OF NEED FOR PEDCAT IMAGING EQUIPMENT*

Good Morning. My name is Vinti Singh, and I am the Communications Coordinator for CurveBeam, LLC. Today I am testifying on behalf of **HB 5445, *AN ACT CERTIFICATE OF NEED FOR PEDCAT IMAGING EQUIPMENT***

CurveBeam is a medical device start-up based near Philadelphia, Pennsylvania. In 2012, we received FDA approval for our first product, the pedCAT. The pedCAT is a cone beam CT device that takes weight bearing scans of the foot and ankle. We quickly learned doctors who wish to purchase our device in Connecticut must obtain a Certificate of Need first.

The Certificate of Need process exists to discourage volume-driven patient care, but in our case, it has discouraged interstate commerce and made it difficult for doctors to adopt innovations in medical technology. Exempting the pedCAT, and all cone beam CT devices from the CON process would be a progressive step, as the field of CT imaging is advancing in this direction.

CT devices are regulated by CON because of the desire to control costs and protect patient safety.

As far as costs, the general school of thought is more CT devices will mean more scans, and costs for patients and the healthcare system will go up accordingly. But the pedCAT, and all cone beam CT devices, will cause the opposite. Since they are compact and designed to fit in-office, foot and ankle specialists can diagnose their patient's condition right away and can examine and evaluate the bony pathology in ways radiologists do not have the capability to do. Because scans are taken while the patient is standing, the pedCAT also delivers a more diagnostically relevent scan than a medical CT. Better scans and better diagnoses mean long-term savings for the whole healthcare system.

The second reason is fear of exposing patients to too much radiation. In reality, the pedCAT and all cone beam CT devices expose patients to dramatically less radiation than medical CT while yielding the same or better diagnostic information. In fact, a pedCAT scan exposes a patient to about as much radiation as plain X-ray, which almost every patient with a foot or ankle ailment receives as a standard of care today.

X-ray technology is exempt from the CON process, as cone beam CT should be. Cone beam CT is classified as CT only because it shares a similar mathematical algorithm to compute the volume. In all other aspects – size, radiation, reasons for use – cone beam CT is much more comparable to plain film or digital X-ray.

The CON process is an expensive and lengthy one requiring public notices and fees. It can take close to a year for a doctor to receive approval for a simple purchase that is less than $200,000. Keep in mind these costs are also eventually passed on to the patient.

You can already get a cone beam CT device without going through CON – if you are a dentist. In 2010, dentists were granted an exemption for purchasing cone beam CT devices designed for the head for many of the same reasons I listed earlier. It would be smart to create policy based on technology rather than on profession. The latter tends to be inconsistent and politically driven, and not in the best interest of the patient.

As a final note, I would respectfully request the committee consider a slight change in the current langue; that "pedCAT" be changed to "extremity cone beam computed tomography imaging equipment." The pedCAT is a specific product. It would be analogous to granting an exemption for Coca-Cola sales, instead of all carbonated sodas.

Thank you for your consideration.