

EMPIRE REPORT

New York Should Not Regulate Dental Radiation Technology Like Hospital CT Scanners

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New York's dentists share the Department of Health's commitment to patient safety. Every day, dental professionals across our state rely on advanced technologies to improve diagnosis, treatment planning and patient outcomes. Among the most important of these innovations is

cone beam computed tomography (CBCT), a specialized imaging technology that has transformed modern dental care.

That is why the New York State Dental Association (NYSDA) and the New York State Society of Oral and Maxillofacial Surgeons (NYSSOMS) strongly support appropriate quality assurance and quality control standards for dental imaging equipment. We believe patients deserve the highest standards of safety and accountability.

However, the Department of Health's proposed requirement that dental practices obtain independent accreditation for CBCT equipment misses the mark and threatens to create serious unintended consequences for patients across New York.

The proposal treats small dental practices as if they were large hospital-based imaging centers. They are not.

Dental CBCT machines are fundamentally different from traditional medical CT scanners. Numerous studies have demonstrated that dental CBCT units expose patients to only a fraction of the radiation associated with medical CT imaging. At the same time, these systems provide dentists and oral surgeons with critical diagnostic information that improve patient care, treatment accuracy and clinical outcomes.

Importantly, neither organized dentistry nor any state government in the nation currently requires accreditation for dental CBCT equipment. New York would stand alone in imposing a costly and burdensome mandate that has not been deemed necessary elsewhere.

The practical challenges are even more troubling.

Most existing independent accreditation programs, even those with dental tracks, were developed for large institutions and imaging centers with dedicated compliance staff and significant administrative infrastructure. They were never designed for the realities of a typical dental practice, where many providers continue to operate as solo practitioners or within small group settings.

Even accreditation pathways that include dental CBCT standards can create barriers that many New York dental offices may struggle to meet. For example, one program recommends an annual volume of 300 CT examinations as a proficiency benchmark – a threshold many dental offices will not meet precisely because they use CBCT selectively and only when clinically necessary. Many dental offices appropriately use CBCT imaging only when clinically necessary and therefore fall far below this threshold.

This requirement conflicts with one of dentistry's most important radiological principles: ALARA, or "As Low As Reasonably Achievable." Dentists are trained to minimize patient exposure to radiation and order imaging only when medically justified. Regulations should reinforce that principle, not create incentives to increase scan volume simply to satisfy accreditation requirements.

Staffing requirements present another significant obstacle. The accrediting groups require personnel operating CBCT equipment to meet credentialing standards that do not reflect the realities of New York's dental workforce. New York does not require licensure for many dental assistant roles and as such, many highly-competent dental assistants who safely operate imaging equipment every day would face substantial barriers under the proposed standards. These staff members often have practical, office-based experience with dental imaging, but the accreditation pathways may not recognize that training in a way that reflects New York's dental workforce.

The result would be predictable: fewer dental offices would be able to offer CBCT services, particularly in rural and underserved communities.

Patients would be forced to travel farther for diagnostic imaging, face longer delays in treatment and potentially incur additional costs. At a time when New York already faces significant workforce shortages and challenges in access to oral healthcare, the state should be looking for ways to expand access, not reduce it.

The financial implications cannot be ignored. Accreditation fees, inspections, compliance programs, staffing requirements and ongoing administrative obligations would impose substantial costs on dental practices. Those costs ultimately find their way to patients in the form of higher dental care expenses.

This is a disproportionate regulatory approach: it imposes significant costs and administrative obligations without clear evidence that independent accreditation is necessary to ensure safe dental CBCT use.

To be clear, NYSDA and NYSSOMS support enhanced equipment inspections, quality assurance standards and appropriate oversight of dental imaging technology. We agree that CBCT equipment should be maintained, monitored and operated according to rigorous safety standards, and reviewed by medical physicists.

What we oppose is the unnecessary independent accreditation mandate that treats low- radiation dental CBCT imaging as though it were hospital-based medical CT technology utilized for dental/maxillofacial purposes.

New York has an opportunity to adopt thoughtful regulations that protect patients without undermining access to care. We urge the Department of Health to remove the accreditation requirement from the proposed rule for dental offices while retaining the quality assurance provisions that will ensure patient safety.

The dental profession stands ready to work collaboratively with regulators to achieve that goal. Patients deserve regulations grounded in science, practical realities and a clear understanding of how dental care is delivered.

This proposal, as currently written, falls short of that standard.

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