

Testimony from Dr. Laura Lineberry
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Senate Health & Welfare
S.1295

Good afternoon. My name is Dr. Laura Lineberry and I'm here in support of Senate Bill 1295.

I am the owner of Lineberry Orthodontics here in Boise and Mountain Home, and I've practiced orthodontics for more than 20 years. I'm actively involved in the American Dental Association, American Association of Orthodontists and the Idaho State Dental Association among other professional groups. I strive to keep up with the rapid changes in orthodontics and technology so my patients can receive the best care possible.

I was the first orthodontist in Idaho to reach "Elite" status for Invisalign and have used their aligning trays on more than 700 patients, when they and I determine together that it is an appropriate treatment.

But in the last few years I've noticed a rising trend of patients coming in for treatment after they either had no improvement or end up in a worse situation than when they started "do-it-yourself" dentistry, or "direct-to-consumer" orthodontics treatments. This happens because these are not patients whose problems can be corrected by "do-it-yourself" dentistry, or "direct-to-consumer" orthodontics treatments. Had the prescribing dentist followed the parameters outlined in S1295, it would have been clear that these patients should not have been prescribed these type of aligner services.

I thought I would go through a few of these cases, to help explain why I and many others in my field are deeply concerned about this sort of practice.

Although these patients have granted me permission to discuss their case in general, we have chosen together to not reveal their identities, to protect their privacy.

(I have included images and clinical notes for each case if you'd like to read about these in more depth.)

Patient One

This young woman made it halfway through her direct-to-consumer tooth aligners before she gave up. They didn't fit, her teeth were moving in the opposite direction she felt they should be, and when she tried to identify and call her treating orthodontist with questions or concerns, the people she spoke with told her that improper fit was normal.

So, the patient came to me and brought her records from the company she worked with. They had poor-quality photos, no X-ray images or any clinical exam notes from an orthodontist or dentist—they were impossible to make a diagnosis from.

I conducted my own exam and found that she had several issues:

1. She demonstrated a lack of overall function, which means over time her teeth will wear and break down causing greater problems.
2. I noted and diagnosed a horizontal-direction overbite, and an open bite where her teeth don't close properly.
3. Finally, I noticed a clicking in her jaw, which can cause greater problems, ranging from headaches to sleep apnea.

Patient Two

This young man came to my office after completing six months with a direct-to-consumer company. They'd promised him straight teeth and he was not pleased with the end result.

He tried to contact the company to ask questions about his results. Just like the previous patient, the company representative dismissed his concern and wouldn't tell him who his practicing orthodontist was or help him contact that doctor.

Upon examination, we found that he started with severe crowding that the company misdiagnosed as simple crowding—which is a dramatic difference.

You can treat severe crowding in three ways: pull some teeth, file the teeth, or flare them outward. The first two methods require in-office treatments. Well, the company went ahead with option number three. In so doing, they pushed his teeth to an unhealthy position where it was uncomfortable to even close his mouth because his mouth muscles were stretched into an uncomfortable position.

Patient Three

Finally, this patient came to me after finishing a 13-week treatment with an aligner product.

He followed instructions but said it felt like nothing changed. Like the others, he never had x-rays taken. There was no exam performed. The patient never met his doctor.

When I examined him, I found that the aligner treatment left him with a deep overbite, incisors that incline too deeply inward, among other challenges.

His treatment will take at least 44 weeks and will require elastics and attachments that could never be performed in a DIY setting. So much for a "quick, cost-saving method."

Conclusion:

These patients are just three examples of many cases I've seen in my office— they were lucky the results weren't worse.

Patients often come to my practice because they want a pretty smile. But as oral health professionals we are responsible for looking at every part of their mouth to understand how alignment, wear, roots and structure can affect a patient in the long term.

These direct-to-consumer teeth alignment companies aren't considering anything other than a pretty smile—and they're not even doing that correctly.

As trained, medical professionals it's important that our patients know who we are, so they can ask questions and get the best possible care.

When we make decisions, we do that in consultation with our patients. We perform a comprehensive oral exam with x-rays. In my case, it's in the same room with the patient. This is our community standard of care, and it needs to be followed to ensure patient safety. After all, we are dealing with a patient's oral health—which is a direct link to their overall health. Idaho citizens deserve more.

This is why I hope you pass Senate Bill 1295 and preserve the transparency, safety and quality care the people of Idaho deserve.

Thank you, Mr. Chairman and members of the committee.