DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
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WRITTEN ONLY

Testimony COMMENTING on HB 174, HD 2
RELATING TO HEALTH

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE
Hearing Date: March 5, 2015 Room Number: 308

Fiscal Implications: The proposed mandate for health insurance coverage of medically necessary orthodontic services for children with orofacial anomalies will reduce the financial burden for families whose health insurance does not cover such services.

Department Testimony: The Department of Health (DOH) is providing comments. The proposed health insurance coverage for medically necessary orthodontic services will increase access to these services for individuals under age 26 years born with orofacial anomalies such as cleft lip and palate.

In Hawai‘i, the rate of children with orofacial anomalies is estimated to be one in every 500 births. Children with orofacial anomalies require orthodontic services as an integral part of the treatment process that also involves the pediatric dentist, oral maxillofacial surgeon, plastic surgeon, and other specialists. They may require up to three separate phases of orthodontic treatment. Without appropriate treatment, children with orofacial anomalies experience short- and long-term problems, including feeding, growth, frequent ear infections, hearing loss, speech delays, and dental and orthodontic malocclusion.

The State Auditor studied the social and financial effects of mandating health insurance coverage for medically necessary orthodontic treatment of persons with orofacial anomalies (“Study of Mandatory Health Insurance for Treatment of Orofacial Anomalies”, Report No. 14-08, September 2014, http://files.hawaii.gov/auditor/Reports/2014/14-08.pdf). The report recommends requiring health insurance coverage for medically necessary orthodontic treatment for orofacial anomalies, based on the following:

- **Social impacts to patients are significant.** Treatment cost estimates range from approximately $5,700 to $20,000 or more. The lack of insurance coverage for medically necessary orthodontic services for orofacial anomalies places a significant financial hardship on families that cannot receive grants or qualify for state assistance through the DOH Children with Special Health Needs Program.
- **Financial impacts on insurers are minimal.** Reports from California and Massachusetts indicate that mandated insurance coverage for orofacial anomalies increased premiums by two to four cents, or less, per member per month.

As of July 2014, 16 states have laws requiring private health insurers to cover orthodontics used to treat cleft lip or palate, craniofacial disorders, or other birth defects. In Hawai‘i, orthodontic treatment for orofacial anomalies is a benefit for eligible families with Medicaid or TRICARE coverage, but not generally for those with private health insurance.

Thank you for the opportunity to testify.

DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON FINANCE

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Thursday, March 5, 2015
10:30 a.m.

TESTIMONY ON HOUSE BILL NO. 174, H.D. 2 – RELATING TO HEALTH.

TO THE HONORABLE SYLVIA LUKE, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department"). The Department takes no position on this bill, and submits the following comments on this bill.

The purpose of this bill is to add a new mandated health insurance benefit requiring all individual and group accident and health or sickness insurers, mutual benefit societies, and health maintenance organizations (but excluding limited benefit health insurance as set forth in section 431:10A-102.5, Hawaii Revised Statutes) to provide coverage of medically necessary orthodontic services for the treatment of orofacial anomalies resulting from birth defects or syndromes.

The Department again notes that the addition of a new mandated coverage may trigger section 1311(d)(3) of federal Patient Protection and Affordable Care Act which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the state's qualified health plan. The Department defers to the

Auditor's study (report no. 14-08, September 2014) on mandating insurance coverage for orofacial anomalies.

We thank the Committee for the opportunity to present testimony on this matter.

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
March 5, 2015

The Honorable Sylvia Luke, Chair
House Committee on Finance
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Luke and Members of the Committee:

SUBJECT: HB 174 HD2 – Relating to Health

The State Council on Developmental Disabilities (DD) **SUPPORTS HB 174 HD2.** The purpose of this bill is to promote quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

The Council is aware that Section 23-51, Hawaii Revised Statutes, requires that before any legislative measure mandating health insurance coverage can be considered, concurrent resolutions must be passed by the Legislature requesting the Auditor to submit a report to the Legislature that assesses both the social and financial effects of the proposed mandated coverage. This was completed and transmitted to the Twenty-Eighth Legislature on September 16, 2014, Report No. 14-08.

We would like to highlight the Auditor's findings and recommendation:

1. Page 9: Social impacts are significant for children born with orofacial anomalies, "Based on the responses to our survey below, we conclude that the social impact of mandating coverage for medically necessary orthodontic treatment for orofacial anomalies would be significant and warrants coverage."
2. Page 12: Financial impacts on insurers are minimal, "Results of our survey indicated that the financial impacts would be minimal."
3. Page 19: Conclusion, "Nevertheless the proposed bill would provide substantial social benefit in exchange for a minimal cost to private insurers."
4. Page 19: Recommendation, "House Bill No. 2522 requiring health insurance coverage for medically necessary orthodontic treatment for orofacial anomalies should be enacted."

The Council recognizes that orthodontics has been a covered medical benefit of the Hawaii Medicaid program for several years, and medically necessary orthodontics are included as an essential health benefit under pediatric oral health in the State's healthcare benefits package. However, private health insurers are NOT mandated to provide the coverage. Without treatment, the individual will experience a lifetime of consequences associated with nutritional and functional deficiencies, speech impairment, malocclusion and premature tooth loss, and adverse psychosocial effects.

The Council appreciates the Legislature's initiative in addressing mandated coverage of medically necessary orthodontics by private health insurers.

Thank you for the opportunity to submit **supportive testimony for HB 174 HD2**.

Sincerely,

Waynette K.Y. Cabral, M.S.W.
Executive Administrator

Rosie Rowe
Chair

1319 Punahou Street
Honolulu, Hawai'i 96826-1001

KAPI'OLANI
MEDICAL CENTER
FOR WOMEN & CHILDREN
An Affiliate of Hawai'i Pacific Health

808-983-6000
www.kapiolani.org

Thursday – March 5, 2015 10:30 am
Conference Room 325

HOUSE COMMITTEE ON FINANCE
Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair

From: Malia Shimokawa, MD
Kapi`olani Cleft and Craniofacial Center

Re: HB 174, HD2 Relating to Health
Testimony in Support

My name is Malia Shimokawa, MD, and I am one of the team leaders of the Cleft and Craniofacial Center of Kapi`olani Medical Center for Women & Children (Kapi`olani). Kapi'olani Medical Center is the state's only maternity, newborn and pediatric specialty hospital. It is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal-fetal medicine and high-risk perinatal care. The not-for-profit hospital offers several community programs and services, such as the Kapi'olani Child Protection Center and the Sex Abuse Treatment Center. Additionally, Kapi'olani's Women's Center is ranked among the top in the nation. Kapi'olani Medical Center is an affiliate of Hawai'i Pacific Health, the state's largest health care provider.

I write in support HB 174, HD2 which would mandate health insurance coverage of orthodontic treatment for orofacial anomalies. The rate of children with orofacial anomalies such as cleft lip or cleft palate in Hawaii is estimated to be one in five hundred. Orthodontic treatment is a critical component of care in these cases. Without orthodontic treatment, individuals with orofacial anomalies experience serious functional deficiencies in chewing, swallowing, respiration, speech, unstable or malpositioned oral structures, and premature tooth loss. For many families, the expense for this type of treatment is not affordable.

HCR 100 which was adopted by the legislature in 2014 requested the Auditor to assess the social and financial effects of mandating health insurance coverage for medically necessary orthodontic treatment of persons with orofacial anomalies. The Auditor's report issued in September 2014 concluded that requiring health insurance coverage would provide a substantial social benefit in exchange for a minimal cost to private insurers. Coverage would mitigate a significant financial hardship for working families whose private medical insurance does not cover medically necessary orthodontic services for their children born with orofacial anomalies. Notably, medically necessary orthodontics for orofacial anomalies has been a covered medical benefit of the Medicaid program. Several states also provide orthodontic treatment as a mandated health benefit.

Thus, we strongly support health insurance coverage for the treatment of orofacial anomalies, and ask your Committee to pass this measure.

Thank you for the opportunity to provide this testimony.

FAMILY VOICES OF HAWAI'I

1319 PUNAHOU ST. STE 739 HONOLULU, HI 96813

HILOPA'A
Family to Family Health Information Center

March 4, 2015

To: COMMITTEE ON FINANCE
Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair

Fr: Leolinda Parlin

Re: Support – HB 174 HD2 - RELATING TO HEALTH

On behalf of Family Voices of Hawai`i, I support HB 174, HD2. Family Voices/Hilopa 'a Family to Family Health Information Center continues to support mandated coverage of orthodontia for children with orofacial anomalies. This legislation is a wonderful example of an opportunity to establish equity in access to child health services across our populations.

The lack of coverage for families with private insurance and the approximate costs to families between $10,000 and $15,000 tends to delay or prevent children from receiving medically necessary surgical treatment.

This benefit, as been part of our Medicaid program for a number of years and is the established benchmark plan for pediatric dental for Hawaii 's Essential Health Benefits (EHB) package.

Thank you for your time and consideration in passing this bill.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Hawaii Chapter

AAP - Hawaii Chapter
5414 Kirkwood Place
Honolulu, HI 96821

To: Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

From: R. Michael Hamilton, MD, MS, FAAP
President, American Academy of Pediatrics, Hawaii Chapter

Testimony on: **H.B. 174 Relating to Health**
Hearing Date: March 5, 2015 at 10:30am in rm #308

On behalf of the American Academy of Pediatrics, Hawaii Chapter (HAAP) I would like to say thank you for this opportunity to testify in support of HB 174, which will promote access to quality health care in the State by requiring health care coverage of medically necessary orthodontic treatment of orofacial abnormalities.

This is such an important step in allowing infants and children (along with their families) who are born with oral and facial abnormalities and who often face multiple surgeries and treatments by a team of surgeons and specialists. A key component of this lengthy, complicated and difficult process is to involve orthodontic specialists. Orthodontic involvement is necessary for more than cosmetics.

Although good quality cosmetic outcome is a desired benefit, orthodontic care in these young infants and children is vitally important for optimal nutrition through the ability to chew and suck properly and very important for proper speech development. If these issues are not dealt with in a timely manner then these children can be left with lifelong impairment that might have been otherwise minimized or even eliminated.

As the representative for pediatricians across the state of Hawaii, I state again that the American Academy of Pediatrics, Hawaii Chapter is in strong support of HB 174. Thank you.

Sincerely,

R. Michael Hamilton, MD, MS, FAAP

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Robert Voloch
46-281 Haiku Rd.
Kaneohe, HI 96744

March 5, 2015

Support of H.B. 174 HD 2, Relating to Health

My name is Robert Voloch, Parent of a son with an original unique smile co-founder of the Lifetime of Smiles Cleft lip and palate support group at Kapiolani Medical Center for the past five years. I am providing this letter to request your strong support in favor of **H.B. 174 HD 2** of which would promote accessibility to quality health care procedures in the State by requiring **Health** insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

As a parent of a pre-teen who has undergone multiple craniofacial surgeries, bone grafting procedures, and currently in phase 2 of 3 Orthodontia, we humbly request health coverage for medically necessary Orthodontic treatment of cleft lip and palate and other orofacial (face and mouth) anomalies (birth defects). Without the multiple phases of orthodontia the social impact of a lifetime of teasing, speech delays, difficulty eating and chewing, and low self-esteem would be devastating. We pay large health insurance and dental premiums only to be restricted to a lifetime maximum of $2000 orthodontic coverage. Obviously this is not sufficient for the multiple phases required for children with orofacial anomalies.

The social impact of **H.B.174 HD 2** will improve health outcomes of children with cleft lip and palate. I humbly request that you consider the above to bring parity among all families in the State of Hawaii. Orthodontic treatment of cleft lip and palate is NOT cosmetic. It is part of medical treatment due to the congenital birth defect.

Thank you and aloha for this opportunity to support of H.B. 174 HD2, let's attain parity across ALL insurances for our children with Cleft lip and palate and other orofacial anomalies.

SMILE today for the children born with Cleft lip and palate in Hawaii!!!

Mahalo for your time and compassion,
Robert Voloch
Parent and Co-founder Lifetime of Smiles

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair
House Committee on Finance

Eileen Matsumoto
237 Kaiolohia Place
Honolulu HI 96825
Phone: # 808-294-2763

March 5, 2015

Support for H.B. 174: which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

My name is Eileen Matsumoto, a Registered Nurse with over thirty years' experience working within the private and public health care systems. The cost of health care is high, especially in Hawai'i. Cost of health care is even higher for children who are born with orofacial birth defects such as a cleft lip and palate. These children have special health care needs that begin during infancy and last into late adolescence.

I am testifying in support of H.B. 174.

One in five hundred infants born here will have a cleft lip or palate. Other orofacial birth defects occur less frequently, but like cleft lip and palate, orthodontic treatment to correct the birth defects will be part of standard medical care and management.

There is a disparity of insurance coverage for children with orofacial birth defects in Hawai'i. Under the State Medicaid system, insurance coverage for medically necessary orthodontic treatment for children with orofacial birth defects has been in place for many years. Coverage is determined through a review process that includes medical/dental documentation from a cleft lip and palate or craniofacial team. The orthodontic treatment addresses and corrects FUNCTIONAL problems and is usually part of reconstructive surgery of the birth defect. TRICARE, the military insurer also provides coverage for medically necessary orthodontic treatment for orofacial birth defects.

Parents with commercial or private health insurance are faced with ongoing health expenses for their children. In addition, they have significant out of pocket expenses for their children's orthodontic treatment. If parents also purchase a separate dental rider, the lifetime orthodontic benefit may be limited to $1,000 to $1,500 per member. The estimate for medically necessary orthodontic treatment of orofacial anomalies is between $10,000 to $15,000 for up to three separate treatment phases.

HB174 will eliminate the disparity of health insurance coverage for children with orofacial birth defects by making medically necessary orthodontic treatment a health insurance benefit. Thank you very much for the opportunity to speak in support of H.B. 174.

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Helen Lau, RN, MS, CPNP
1319 Punahou Street
Honolulu, HI 96826
808-983-6879

March 3, 2015

Support for HB 174

My name is Helen Lau and I am a pediatric nurse practitioner with the Kapi‘olani Cleft and Craniofacial Center. I have been practicing in Cleft and Craniofacial for almost 8 years of which 2 have been in Hawai‘i and the rest in Los Angeles.

I am testifying in favor of HB 174 which would promote quality health care procedures in the State by requiring health coverage for medically necessary orthodontic treatment of orofacial anomalies. Pre-surgical orthodontics aligns the alveolus segments in order for the oral surgeon to place a bone graft in the bony defect of the upper jaw. This bony defect is due to a congenital cleft through the alveolus. Without pre-surgical orthodontics to prepare the child with a cleft or orofacial anomaly, outcomes for bony intake from the graft may be compromised.

Having an unrepaired alveolar cleft or failed bone graft can cause speech and feeding problems. Food can get trapped in the space or can continue to reflux into the nasal cavity. Speech sounds can be affected as well. Additionally, there are some children born with orofacial anomalies who require pre-surgical orthodontics in order to prepare them for jaw surgery. Without the orthodontic work, they may not be able to successfully undergo jaw surgery, which would improve eating, chewing, swallowing, breathing, and speaking.

As outlined in the Auditor’s Report 14-08 in September 2014, there is a higher incidence of babies born with cleft in Hawai‘i compared to the mainland. In other states, where there is mandated health care coverage for congenital orofacial anomalies, it only increased premiums by $0.02 to $0.04 per member per month or less which means that the financial burden on the insurance companies and members is small compared to the potential long term individual impact on activities of daily living for the child born with a cleft.

I am in favor of HB 174 as it supports the medical need for pre-surgical orthodontics as part of a long term timed treatment plan in reconstructive repair of the child born with

cleft or orofacial anomalies. By mandating coverage, it decreases the potential for delayed treatment for these children born with this congenital anomaly.

Thank you so much for your time, and I hope that you will consider supporting this very important health legislation.

Sincerely,
Helen Lau, RN, MS, CNS, PHN, CPNP, APRN-RX
Certified Pediatric Nurse Practitioner

Kathleen Mishina, RN, BSN, MPH
P. O. Box 740
Captain Cook, HI. 96704

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Date of Hearing: Thursday, March 5, 2015 @ 10:30 am

Support of H.B. 174 HD 2: Relating to health insurance coverage of orthodontic treatment for orofacial anomolies

I am a registered nurse with 35 years of work experience in hospital, community and public health. My entire nursing career has been practiced in the State of Hawaii. Twenty two of my 35 years of nursing had been as a public health nurse. I recently retired, however, I continue to be an advocate for improving health care for children.

I am very familiar with the children who have orofacial anomalies. Throughout my years as a public health nurse, I worked closely with families whose child was born with an orofacial anomaly. I understand the financial barriers to accessing care, and the complexity of case managing a condition that requires years of medical care and intervention. In addition, I support the findings of the state auditor's 2014 sunrise study on the advisability of mandating insurance coverage for orofacial anomalies (Report No. 14-08), which provides evidence for support of this bill. I am requesting your support of HB 174, which would require health insurance coverage of medically necessary orthodontic treatment for children with orofacial anomalies.

The most compelling reason to pass this bill is to provide private health insurance coverage for medically necessary orthodontic treatment for children. It is incomprehensible that children who are covered under Medicaid or MedQuest already have access to medically necessary orothodontic treatment for orofacial anomalies such as cleft palate. But private insurance companies do not provide coverage for medically necessary orthodontic treatment for children. This disparity needs to be resolved through passage of this bill.

In closing, I ask that you and your committee members pass this bill so that all individual, group accident and health or sickness insurance policies issued in the State of Hawaii provide coverage for medically necessary orthodontic treatment and services for children with orofacial anomalies.

Sincerely,

Kathleen Mishina, RN, BSN, MPH

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Kelli-Ann Frank Voloch, MD
46-281 Haiku Rd.
Kaneohe, HI 96744

March 5, 2015

Support for H.B. 174, Relating to Health

Support for H.B. 174, H.D. 2, Relating to Health which will promote accessibility to quality health care procedures in the State by requiring **Health** insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

My name is Dr. Kelli-Ann Frank Voloch, Parent of a child with a unilateral cleft lip and palate unique smile! I'm privileged to coordinate the Lifetime of Smiles Cleft lip and palate support group at Kapiolani Medical Center for the past five years, a Pediatrician at the Waianae Coast Comprehensive Health Center for nearly fifteen years, and an Assistant Professor at the University of Hawaii John A. Burns School of Medicine for approximately ten years. I am providing this letter to request your strong support in favor of **H.B. 174 HD2** which would promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

As a parent of a pre-teen who has undergone multiple craniofacial surgeries, bone grafting procedures, and currently in phase 2 of 3 Orthodontia, we humbly request accessibility to **health** coverage for medically necessary Orthodontic treatment of cleft lip and palate and other orofacial (face and mouth) anomalies (birth defects). Without the multiple phases of orthodontia the social impact of a lifetime of teasing, speech delays, difficulty eating and chewing, and low self-esteem would be devastating. We pay large health insurance and dental premiums only to be restricted to a lifetime maximum of $1500 to $2000 for Orthodontia via our Dental insurance. Obviously this is not sufficient for the **multiple phases** required for my child and other children with orofacial anomalies and the financial hardship is significant for many middle class families. Average total for out-of-pocket cost can total more than $10,000.00. The proposed bill will shift the out-of-pocket costs by requiring **health insurers** to provide coverage for services rendered by licensed orthodontist, as currently provided by the Med-QUEST program of the Department of Human Services. **Seventeen states already mandate health insurance coverage for orthodontic services to children with cleft lip and palate and orofacial anomalies who are under private insurance.**

The social impact of **H.B. 174 HD 2** will improve health outcomes of children with cleft lip and palate who are covered by Private insurance. Studies in other states have shown that adding **this coverage increases participants' insurance premiums by less than $1 per year.** This is why we are in strong support of H.B.174. We humbly request that you consider the above to bring parity among all families in the State of Hawaii. Orthodontic treatment of cleft lip and palate is NOT cosmetic. It is part of the medical treatment due to a congenital birth defect. Health insurance covers many of the required procedures but not the Orthodontic needs. Remember Med-Quest program of DHS already covers these services for children with orofacial anomalies.

Thank you and Aloha for this opportunity to support of H.B. 174 HD 2.

SMILE today by passing H.B. 174 HD2 and BE THE CHANGE for Children born with Cleft lip and palate in Hawaii!!!

Mahalo nui loa,

Kelli-Ann Frank Voloch, MD
Proud Parent
Pediatrician Waianae Coast Comprehensive Health Center
Assistant Professor, UH-John A. Burns School of Medicine
Founder of Lifetime of Smiles Support Group

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Sue Jean Hasegawa
95-211 Pililua Place
Mililani, HI 96789

March 5, 2015

Support for H.B. 174, Relating to Health

To the Honorable Sylvia Luke, the Honorable Scott Y. Nishimoto, and Members of the House Committee on Finance

I strongly support H.B. 174 which would promote access to quality health care in the State by requiring health coverage of medically necessary orthodontic treatment of orofacial anomalies.

As the mother of an adult woman who was born with a cleft lip and palate, I understand the challenges faced by many families in trying to provide medically necessary orthodontic services to their children. People with orofacial differences, such as my daughter, require orthodontic treatment. These services are not simply cosmetic. Without these services, long-term dental outcomes, eating, and speech can all be affected.

However, many insurance companies, including our own, will not cover orthodontic services even if they are medically necessary. Our physicians wrote letters in support of coverage for my daughter's treatment, but our insurance company still denied payment. In the end, my daughter's orthodontist worked out a discounted payment plan for my daughter, and my husband and I covered the services out-of-pocket. I realize that we were fortunate enough to be able to afford orthodontic treatment for my daughter. Many families in Hawai'i are not so lucky and struggle to be able to provide services for their children.

The recent auditor's report (No. 14-08) agreed and recommended insurance coverage of orthodontic treatment for individuals with an orofacial difference.

It is for these reasons that I strongly support H.B. 174. I believe this bill will significantly and positively impact the health of individuals born with an orofacial difference.

Thank for you for your time in considering my testimony in support of H.B. 174.

Sue Jean Hasegawa - Mother of a woman with a cleft lip and palate
95-211 Pililua Place, Mililani, HI 96789

808-623-6790

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Sue Miller
419A Atkinson Dr #804
Honolulu, HI 96814

Hearing date: March 5, 2015

Re: Support for H.B. 174.

Dear Representative Luke, Representative Nishimoto and Members of the Committee:

My name is Sue Miller. I would like to submit testimony in strong support for H.B. 174, which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

I am passionate about the need to have health insurance companies provide coverage for orthodontia in cases of medical necessity such as with cranial/facial anomalies. Here is my story: I adopted a wonderful baby boy from China in 2001. Jacob was born with cleft Lip & palate. Jacob has had numerous surgeries as part of his treatment. He had braces on his top teeth to expand his structure in preparation for a bone graft into that area. Fortunately, we were living in Florida at the time and insurance companies were required to cover this. Unfortunately, the bone graft was unsuccessful. Jacob repeated this process of braces and bone graft last week here at home. After verifying that his recent bone graft formed properly in his gum, he will need top and bottom braces. I am blessed with a good job, but cannot afford to support my children and pay $8,000 - $10,000 for orthodontia my son needs in order for his medical treatment plan to progress. As a single parent, this expense will have a drastic effect on my ability to provide for Jacob and my other children. Without this treatment, Jacob will be negatively affected for the rest of his life with biting and chewing issues as well as missing and misaligned teeth. This is not a cosmetic issue – it is a medical issue.

Jacob is now an eighth grader at Washington Middle School. One day the security guard asked our neighbor – "who's the ugly kid with the lip" and pointed to his own lip where my son's scar is. My son cried when the neighbor told him – and so did I. Life is tough enough for kids who look different. Add to this the problems of not being able to bite or chew food properly, speech problems and tooth loss or decay because your parents cannot afford to pay for medically necessary orthodontics. With one in five hundred of Hawaii's Keiki being born with orofacial anomalies such as Cleft Lip & Palate, passing this bill requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies is a step in the right direction.

Aloha and thank you for the opportunity to testify. Please – **H.B. 174.**

Sue Miller
Aka Jacob's Mom

FIN-Jo

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 03, 2015 5:35 AM
To: FINTestimony
Cc: wmesiona@yahoo.com
Subject: Submitted testimony for HB174 on Mar 5, 2015 10:30AM

HB174
Submitted on: 3/3/2015
Testimony for FIN on Mar 5, 2015 10:30AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Winona Lee	Individual	Support	No

Comments: This testimony is in support for H.B. 174, H.D. 2, Relating to Health which will promote accessibility to quality health care procedures in the State by requiring Health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies. It is critical to pass this proposed bill which would help families who now carry the financial burden created by the multiple orofacial orthodontic treatments that are necessary to improve their children's health and quality of life.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

The Maga Family
6207 Kawaihae Place
Honolulu, Hawaii 96825

Thursday, March 5,2015

Support for HB 174 HD2, Relating to Health

We are the Maga family and testifying in strong support of HB174, HD2. Our daughter, Anya Maga, was born with a unilateral cleft lip and cleft palate in 2009. By the age of two, she had gone through three reconstructive surgeries to correct these orofacial disorders. As you can imagine this was very difficult for our family, but these surgeries significantly improved her quality of life. The improvements in her speech, eating & breathing, and visual appearance are immeasurable. Fortunately, all of these surgeries were covered by health insurance.

As Anya grows up through adolescence and adulthood, it is nearly certain that she will require additional reconstructive surgeries for the same reasons outlined above. And while the reconstructive surgeries will be covered by medical insurance, the medically necessary orthodontic procedures required to prepare for the surgeries are not covered. Here are some facts regarding these procedures related to orofacial disorders:

- On average, their lifetime cost are over $10,000
- They are normally covered by dental insurance, not health insurance
- **If covered** by dental insurance, the maximum lifetime benefit is normally $1,500.

With minimal to no insurance coverage for these procedures, an undue burden will be put on our family to ensure Anya obtains the proper medical care. In addition, while our family will be able to plan and pay for these procedures, there are many other families throughout Hawaii that will not have this luxury and will either not get the necessary medical care or have it unduly delayed, resulting in a significant decline in their quality of life.

Currently, sixteen states have mandated coverage for these procedures due to the fact that the additional cost to insurance providers and their participants is minimal, while the benefit to the individuals and families

dealing with orofacial disorders is substantial. Studies in other states have shown that adding this coverage increases participants' insurance premiums by less than $1 per year. This is why we are in strong support of HB174 HD2.

Thank you for the opportunity to testify in support of HB174, HD2.

Respectfully submitted,

Jason Maga
Michelle Pestel-Maga
Anya Maga

finance1-Kim

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 03, 2015 7:59 PM
To: FINTestimony
Cc: grace.pinto@gmail.com
Subject: *Submitted testimony for HB174 on Mar 5, 2015 10:30AM*

HB174
Submitted on: 3/3/2015
Testimony for FIN on Mar 5, 2015 10:30AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Grace Pinto	Individual	Support	No

Comments:

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Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Grace Miyata
P O Box 185
Kealakekua, Hawaii 96750

March 5, 2015

Support for H.B. 174 H.D. 2, Relating to Health

My name is Grace Miyata and I have worked with children with various special health needs for over 29 years as a social worker on Hawaii Island. I would like to provide testimony in strong support of H.B. 174, H.D. 2, which requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

Passage of this bill would help many working families with private insurance afford medically necessary orthodontic services for their children born with orofacial anomalies, such as cleft lip and palate. This bill would ensure these children will be able to receive timely orthodontic services detailed in their medical treatment plan. Other children, born with orofacial anomalies, such as cleft lip and palate, who have Medicaid coverage are already covered for this orthodontic treatment. The 2014 state auditor's report reiterates medically necessary orthodontia coverage should be a covered private insurance benefit to children born with orofacial anomalies. The report also notes overall cost would be minimal compared to the substantial difference timely orthodontic treatment would have on a child's overall health status.

Families often anguish over their inability to afford the high cost of their child's medically necessary orthodontic treatment and the automatic denial of orthodontic treatment by their private insurance plan. After the years of countless sacrifices, surgeries, specialist and therapy visits these parents have seen their child through, families face an undeniable disruption to their child's medical treatment plan. Orthodontic treatment is initiated at very time specific points in a child's medical treatment plan. Parents know discontinuing their child's treatment plan could have a very negative impact on the rest of their child's life. They know adherence to their child's treatment plan is the way to help their child reach his or her optimal health status, physical and social-emotional functioning, and productivity as an adult.

Thank you for this opportunity to provide written testimony in support of H.B.174, H.D. 2: requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

Grace Miyata

finance1-Kim

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 03, 2015 9:45 PM
To: FINTestimony
Cc: jasmine.waipa@yahoo.com
Subject: *Submitted testimony for HB174 on Mar 5, 2015 10:30AM*

HB174
Submitted on: 3/3/2015
Testimony for FIN on Mar 5, 2015 10:30AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Jasmine Waipa	Individual	Support	No

Comments:

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Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair
Committee on Finance

Kim and Jerry Virtudazo
Ewa Beach, Hi 96706

March 4, 2015

RE: H.B. 174– Relating to Health

Dear Chair Luke, Vice Chair Nishimoto, and Members of the committee:

My name is Kim Virtudazo and I am a public school teacher at a James Campbell High School. I am writing you as a parent; My three year old son was born with a severe cleft lip and cleft palate. I am here to provide testimony in support of HB 174, which would promote quality health care procedure in the State by requiring health coverage for medically necessary orthodontic treatment of orofacial anomalies.

The biggest misconception of cleft lips and palates is that it's only a cosmetic imperfection; I myself, believed this before I learned of my son's condition. Today Logan is three years old. At birth the severity of his cleft caused secretion (milk mixed with bodily fluids that would cause choking). Because of the severity, I had to stop working for 9 months to tend to him. Through Easter Seals, Logan began his speech and occupational therapy at 7 weeks old. At 3 months old, Logan underwent his lip repair surgery. At the age of 11 months, he underwent his palate repair surgery and received hearing tubes. He now has a few years to enjoy until his next surgery. Logan has a gap in his gums and he will need to have bone grafting sometime between the ages of 6 -9.

So far, the medical bills have been manageable but I am concerned with this next surgery. As a public school teacher, and my husband a purchasing agent, we can't afford a payment of $5,000-$10,000 for something that is medically necessary. Our son has gone through so much and the added cost of surgery will be an additional burden on our family. As a teacher, I see firsthand how difficult it is being a kid. Kids can be mean and not having this surgery is not an option for our family – I will not allow my son to be treated differently or bullied for something that can be fixed. However, having to pay for this surgery fully will put a financial strain on our family. Having to pay thousands for a medically necessary surgery seems inhumane.

Without this surgery, our son's speech, feeding, swallowing, self-esteem, etc. will be affected. The State and Federal government recognizes that the surgery is medically necessary, covering it under MedQuest and Medicaid, it's time that the private insurance companies do the same. I humbly ask you to please support HB 174

Thank you for this opportunity to testify and please pass HB174.

Sincerely,
Kim and Jerry Virtudazo (for Logan 3 years old)

Leigh Lasher

2151-B 10th ave.

Honolulu, HI

96816

808-226-9853

Greetings,

I wish to give testimony for HB 174. My son is now six years old. As with most kids he is starting to get his permanent teeth. An exciting time for a young man. Only for my son it means more surgery is coming.

Bo was born with a cleft lip and palate. What this means is that there was an opening on his hard and soft palate (the roof of the mouth). He drooled constantly as a baby and food would come out of his nose.

At age 20 months the surgeons closed the roof of his mouth. He stopped drooling and was able to eat with only a small amount of food coming out of his nose. This sounds wonderful it is fixed. Not so quick, what the repair does is stop the growth of the palate. Now at age six his top teeth on the left side of his mouth do not actually come down and meet his bottom teeth. His top teeth land inside of his bottom teeth. To correct this requires another surgery and at least two sets of braces possibly three according to the orthodontist. This is just so he can chew his food not to give him nice straight teeth. We are looking at in the neighborhood of $15,000.00 in braces.

As a single Mother this is a staggering amount of money. Please pass this bill it will be helping many Hawaii families care for their children.

Sincerely,

Leigh Lasher

finance1-Kim

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 03, 2015 9:42 PM
To: FINTestimony
Cc: kelyt@aol.com
Subject: Submitted testimony for HB174 on Mar 5, 2015 10:30AM

HB174
Submitted on: 3/3/2015
Testimony for FIN on Mar 5, 2015 10:30AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Lori Treschuk	Individual	Support	No

Comments: I strongly support HB 174 HD 2 to require health insurance coverage for medically necessary orthodontic treatment of orofacial anomalies. Thank you!

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February 2, 2015

Re: HB174 HD2 Relating to Health

Dear Chair Luke, Vice Chair Nishimoto and Other Members of the House Finance Committee:

I am a pediatrician at the Waianae Coast Comprehensive Health Center and a faculty member at the University of Hawaii John A. Burns School of Medicine Department of Pediatrics. I am writing submitting this testimony in strong support of **HB174,** to ensure health insurance coverage of orthodontic treatment for children with congenital craniofacial anomalies, such as cleft lip and palate.

Children who are born with cleft lip and/or palate and other related abnormalities have problems feeding, speaking as well as ear and dental problems. Treatment includes management by a multi-disciplinary team including plastic surgeons, ear/nose/throat surgeons, and orthodontists to address oral and jaw abnormalities. ***This treatment is not cosmetic but rather medical necessity. Appropriate treatment must begin while the child is growing and developing to insure best results.*** Without adequate orthodontic care, children can have lifelong health problems including speech impairment, difficulties chewing and swallowing food and liquids, and breathing problems.

Currently, Hawaii's Medicaid Program covers orthodontic services. Unfortunately, most private health insurance plans in Hawaii do not cover these services that often can cost thousands of dollars. ***This creates an unfair and significant financial hardship to working families trying to make ends meet.*** Seventeen states already mandate health insurance coverage for orthodontic services to children with cleft lip and palate and oro-facial anomalies who are under private insurance. Orthodontic treatment of cleft lip and palate is NOT cosmetic.

As a pediatrician who serves lower and middle-income families, I urge you to support this important bill. Please let me know if you have any questions.

Thank you very much for this opportunity,

May Okihiro, MD MS
Pediatrician, Waianae Coast Comprehensive Health Center
Assistant Professor, University of Hawaii John A. Burns School of Medicine Department of Pediatrics
Email: mokihiro@me.com

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Melissa Ann Newberg and Max Edward Newberg
68-1853 Paniolo Place Waikoloa, HI 96738

March 5, 2015

Support for H.B. 174 H.D. 2, Relating to Health

My name is Melissa Ann Newberg, and my husband Max and I are the parents of three wonderful and active children. Our middle daughter Alena, was born with a cleft lip and palate and we urge you to support H.B. 174, H.D.2 which would require health insurance coverage of orthodontic treatment for children born with orofacial anomalies.

Alena is eight and we started the discussion about upcoming orthodontic treatment for Alena, about three years ago. Because Alena was born with an orofacial anomaly, orthodontic treatment is not cosmetic in nature. It is the next phase in Alena's medical treatment plan. Her plan was developed with her Kaiser cranial facial team. Orthodontic treatment will solidify Alena's previous surgeries and repairs. We have both dreaded and looked forward to Alena's orthodontic phases of treatment. Positives include building upon previous reconstructive work to mitigate the functional difficulties she has had in speech, dental problems and rectifying map-positioned oral structures. For years, we have also know orthodontic treatment is not a covered benefit in Hawaii. The cost of orthodontic treatment will be a tremendous hardship for our family, but we know it must begin at a specific time period, all according to her medical treatment plan.

Alena's cleft palate necessitates the first phase of orthodontic treatment would involve bone grafts and keep structures in her mouth in place and prepared for her bone graft surgery. You do not have to be a medical person to know this could never be mistaken for "just a cosmetic" procedure, yet automatic denial of orthodontic treatment by private insurers seems like they assume all orthodontic is cosmetic in nature. After Alena's bone graft, (and the area on her body that the bone was removed), has healed, a second phase of orthodontic treatment would commence. We cannot see how private insurers would also deny this second phase of orthodontic treatment. This seems unreasonable in view of Alena's documented past medical history, surgeries, specialty and speech therapy services. There is the second safeguard of her Craniofacial team at Kaiser who would never authorize orthodontia treatment that was not medically necessary.

As we urge you to support H.B.174, H.D. 2, please remember the potential lifelong social-emotional and physical cost to children born with orofacial anomalies, like cleft lip and palate, should medically necessary orthodontic treatment be postponed or because of financial hardship. As we can see from the State Auditor's report, cost is very minimal compared to the substantial benefits timely orthodontic treatment would bring. Please help private insurance companies understand their obligation to cover medically necessary orthodontic treatment for children born with orofacial anomalies. It is the right thing to do and goes such a long way to help ensure our children will be the strong, resilient and productive individuals they were always meant to be.

Thank you for this opportunity to provide written support of H.B. 174, H.D.2.

Sincerely,
Melissa and Max Newberg

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Michele Elbertson
P O Box 5375
Kailua-Kona, Hawaii 96745

March 5, 2015

Support for H.B. 174 H.D. 2, Relating to Health

My name is Michele Elbertson and I am the proud parent of Sammy, who was born with an orofacial anomaly including a cleft palate and small jaw. Sammy had his latest surgery last year and is now ready for the orthodontic phase of his medical treatment plan. Sammy has a wonderful craniofacial specialty team at Kapiolani Medical Center who we have seen regularly and who developed Sammy's medical treatment plan.

I am in strong support of H.B. 174, HD 2 which would require health insurance coverage of orthodontic treatment for children born with orofacial anomalies. As a mom of a child born with orofacial anomalies, I know without the timely orthodontic treatment, Sammy would not get the sequential medical care he needed and the successful restructuring of past surgeries would be compromised. All of Sammy's surgeries and procedures build upon each other and have facilitated improvements in his overall physical and emotional health. Sammy's speech steadily improves with the past surgeries, repairs, and speech therapy at school. Soon, the orthodontic treatments will further improve Sammy's speech, confidence and ability to be understood by his teachers, friends at school, and presence in his community.

I urge you to support H.B. 174, H.D. 2, so all children born with orofacial anomalies, like cleft lip and palate, can move forward to the orthodontic treatment phase of their medical treatment plan. Please do not let a child's progress be compromised by something totally out of their control, and halt all the gains obtained from the hard work and sacrifices made by their families. You have the ability to give all children equal access to medically necessary orthodontic care and ensure all children get a real chance to be the best they can be, be understood and have friends, feel good about themselves, and grow up to become happy and productive adults.

Thank you for this opportunity to provide written testimony in support of H.B.174, H.D. 2: requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

Michele Elbertson

finance1-Kim

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 03, 2015 9:26 PM
To: FINTestimony
Cc: sashaandguga@aol.com
Subject: Submitted testimony for HB174 on Mar 5, 2015 10:30AM

HB174
Submitted on: 3/3/2015
Testimony for FIN on Mar 5, 2015 10:30AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Sasha Fernandes	Individual	Support	No

Comments: I strongly support HB 174 HD 2 to require health insurance coverage for medically necessary orthodontic treatment of orofacial anomalies. Med-quest already covers these services, so private insurance needs to step up and cover these health services as well. Without needed orthodontic treatment, children with cleft lip, cleft palate and other anomalies can have life- threatening problems because they cannot feed & swallow well. Healthcare is a Right, not a privilege. Mahalo nui loa.

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Twenty Eighth Legislature, 2015
State of Hawaii

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Vivian Realista
Armando Realista
Kapaau, Hawaii

March 5, 2015

Support for H.B. 174 H.D. 2, Relating to Health

My name is Vivian Realista. My husband and I are the proud parents of our youngest son, Armando Realista. Armando was born with an orofacial anomaly called Treacher Collins Syndrome. Armando will be 18 years old in a few days and he will be graduating from Kohala High School in a few months and is looking forward to college in Honolulu.

We would like to provide testimony in support of H.B. 174, HD 2 and have first-hand knowledge of the importance of medical coverage for medically necessary orthodontic treatment because Armando is now ready to begin his orthodontic treatment. Armando has had so many complex and painful surgeries and procedures, over the years, that I have lost count. One procedure lays the foundation for the next surgery. Now Armando has orthodontic treatments, and once this is completed, he can continue on to permanent closure of his tracheostomy. We know of other children, whose parents have private insurance, and they won't be able to come up with the money for orthodontic treatments. Their child's treatment plan will be severely disrupted, and the child cannot get to the next phase of repair. Many of these children are like Armando, with years and years of surgeries and procedures already completed. Some parents will find a way to pay for the orthodontic treatment, because they know of its enormous importance, even if it means it will be a tremendous hardship for everyone in the family. Every child deserves equal access to receive the medical treatment they need to grow up to be happy and as healthy as possible. We urge you to please support all families with private insurance obtain the medically necessary orthodontic treatment coverage from their health plan, for their children born with orofacial anomalies.

Thank you for this opportunity to provide written testimony in support of H.B.174, H.D. 2: requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

Vivian and Armando Realista

finance8-Melanie

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 04, 2015 9:42 PM
To: FINTestimony
Cc: kalae01@gmail.com
Subject: Submitted testimony for HB174 on Mar 5, 2015 10:30AM

LATE

HB174
Submitted on: 3/4/2015
Testimony for FIN on Mar 5, 2015 10:30AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Alma Sakagawa	Individual	Comments Only	No

Comments: Orthodontic treatment for orofacial anomalies such as cleft lip and palate is medically necessary and part of medical treatment. Health insurance plans should cover treatment as it addresses functional problems that result from the birth defect. The out of pocket expenses for families with private health plans are very high and families experience financial hardship in trying to meet the medical and dental needs of their children. HB174 will require health plans to cover medically necessary orthodontic treatment of orofacial anomalies.

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finance8-Melanie

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 04, 2015 5:05 PM
To: FINTestimony
Cc: chungeunha@gmail.com
Subject: Submitted testimony for HB174 on Mar 5, 2015 10:30AM

HB174
Submitted on: 3/4/2015
Testimony for FIN on Mar 5, 2015 10:30AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Chung Eun Ha	Individual	Comments Only	No

Comments: I strongly support the bill HB174 HD2, which require health insurance coverage for medically necessary orthodontic treatment of orofacialanomalies. No parents of children with cleft lip, palate, and other orofacial anomalies should worry about the cost of medical treatments. Private health insurance should cover the orthodontic treatments. Once again I strongly support the proposed bill HB174 HD2! Thank you very much.

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Cleft Lip and Palate

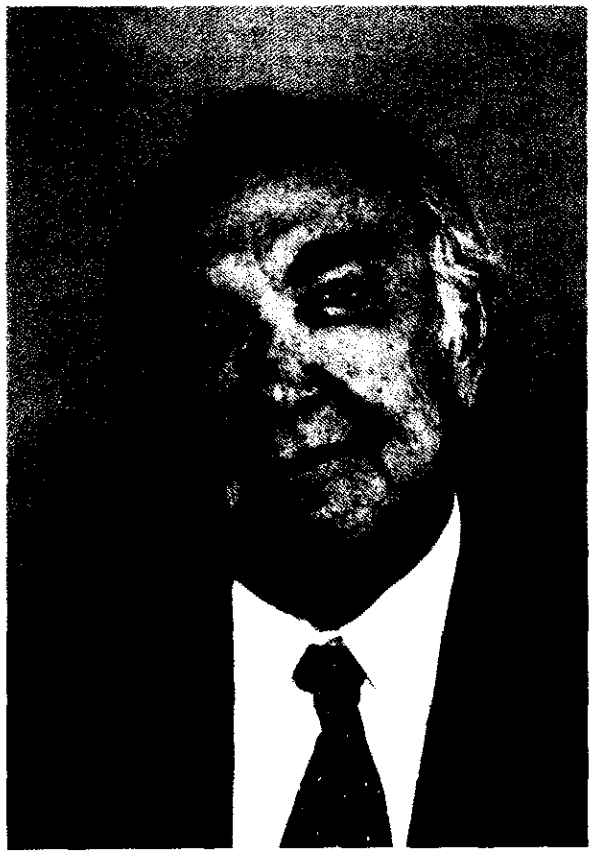
Diagnosis and Management

2nd Edition

Springer

About the Editor

Dr. Berkowitz, an orthodontist, was a Clinical Professor of Pediatrics and Surgery associated with the South Florida Craniofacial Anomalies Program at the University of Miami School of Medicine. Currently he is Adjunct Clinical Professor at Nova Southeastern University College of Dentistry – Orthodontic Department, and Adjunct Clinical Professor of Orthodontics at the University of Illinois College of Dentistry. His main goal is to develop teaching materials in cleft palate for professionals in plastic and oral surgery, orthodontics, and speech language pathology. He is a past President of the American Cleft Palate Association Educational Foundation, and the Florida Cleft Palate Association, and is currently President of the Miami Craniofacial Anomalies Foundation. Dr. Berkowitz was active in the American Association of Orthodontics, Florida Cleft Palate Association, and The Edward Angle Society of Orthodontists. He has published widely in medical and cleft palate journals and is the author of Volume I and the editor of Volume II of *Cleft Lip and Palate Perspectives In Management* – First Edition; he coauthored *Plastic Surgery of the Facial Skeleton* with S.A Wolfe, M.D, and wrote *The Cleft Palate Story* for parents of a child born with a cleft. Dr. Berkowitz is a popular speaker on cleft lip/palate topics and has presented many workshops and seminars in the USA and abroad.



Samuel Berkowitz, DDS, MS, FICD

His research interest focuses on improving surgical-orthodontic treatment planning for cleft lip and palate children as well as those with other craniofacial anomalies. Currently, Dr. Berkowitz is project director of a clinical research program that is studying the long-term effects of various surgical treatment procedures on palatal and facial growth and development. He created a quantitative method for determining when to close the palatal cleft space, based on the 10% ratio of the cleft space to the area of the surrounding palatal surface medial to the alveolar ridges. He is creating a Power-Point lecture series for surgeons and orthodontists to enable them to better understand and teach others the effects of surgery on the face from birth through adolescence.

Dr. Berkowitz has been awarded the title "Honoree" by the Edward Angle Society of Orthodontists, and "Honoree" by the First World Congress of the

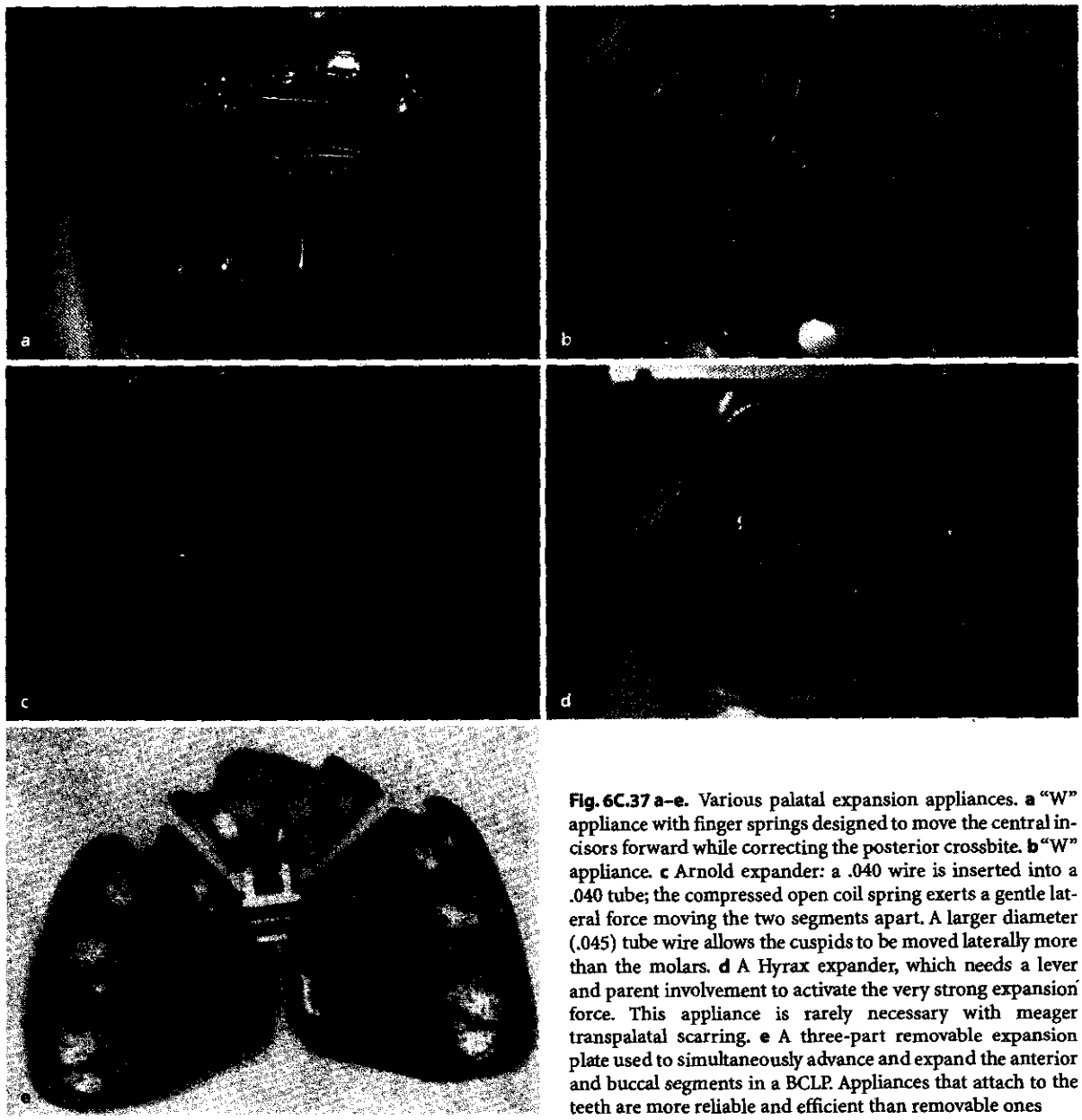


Fig. 6C.37 a–e. Various palatal expansion appliances. **a** "W" appliance with finger springs designed to move the central incisors forward while correcting the posterior crossbite. **b** "W" appliance. **c** Arnold expander: a .040 wire is inserted into a .040 tube; the compressed open coil spring exerts a gentle lateral force moving the two segments apart. A larger diameter (.045) tube wire allows the cuspids to be moved laterally more than the molars. **d** A Hyrax expander, which needs a lever and parent involvement to activate the very strong expansion force. This appliance is rarely necessary with meager transpalatal scarring. **e** A three-part removable expansion plate used to simultaneously advance and expand the anterior and buccal segments in a BCLP. Appliances that attach to the teeth are more reliable and efficient than removable ones

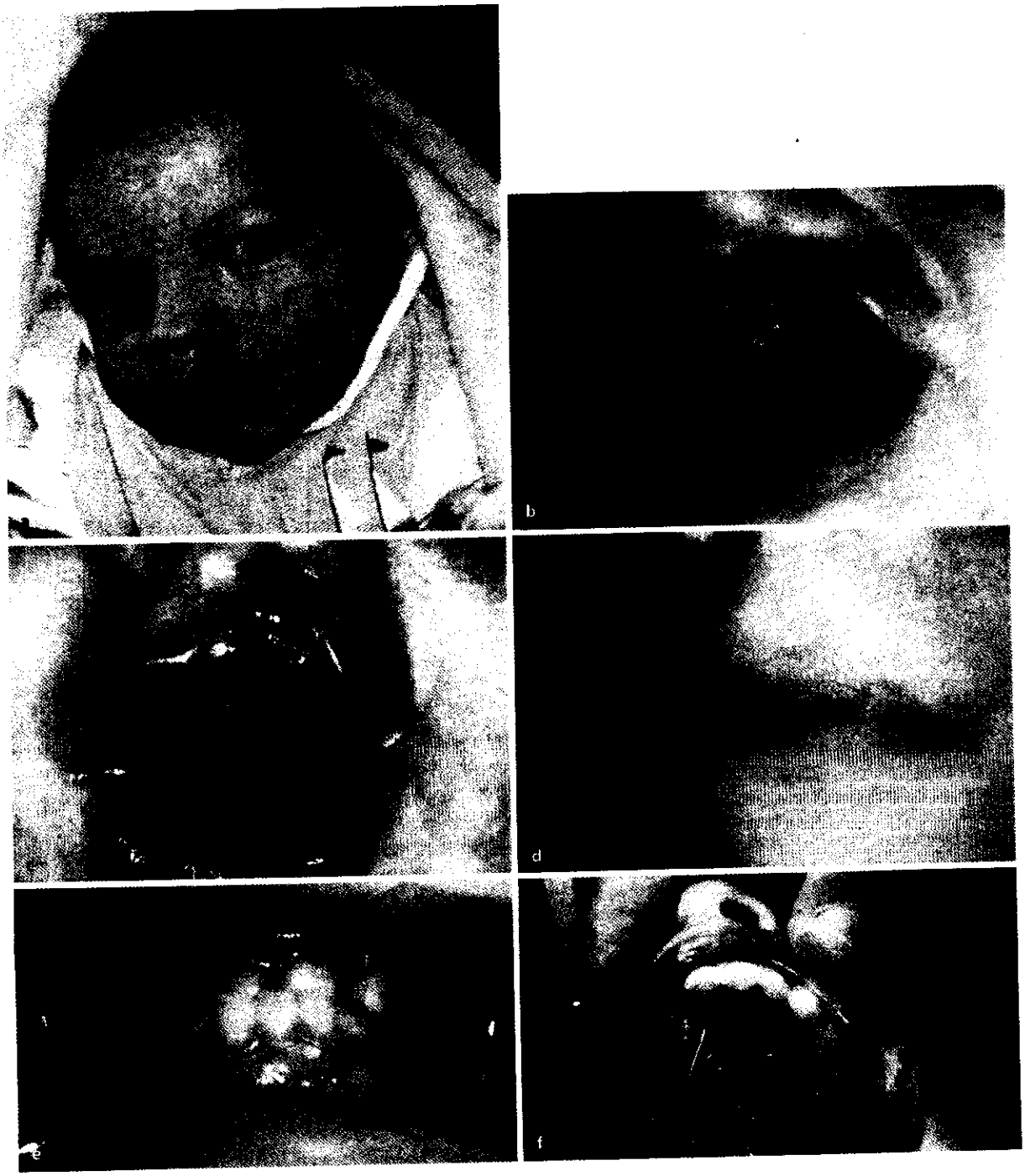


Fig. 68.5 a–v. Case: KC (ZZ-1) demonstrates good palatal and facial growth in CUCLP. A very small cleft space at 5 months of age allowed for easy closure without much scar formation. Surgical treatment: No presurgical orthopedics. Lip adhesion followed by Millard's Rotation Advancement. Soft palatal closure at 2 months. Palatal cleft closure at 15 months using modified von Langenbeck procedure. Secondary alveolar cranial bone graft at 6 years and 8 months. Photographs showing various treatment stages from birth to 17 years of age. **a** and **b** Newborn. **c** Lip adhesion at 4 months. **d** Lip at 2 years of age. Orthodontics during the deciduous dentition: **e** 2 years, showing anterior crossbite. **f** 2 years, 7 months: palatal view showing fixed buccal expander

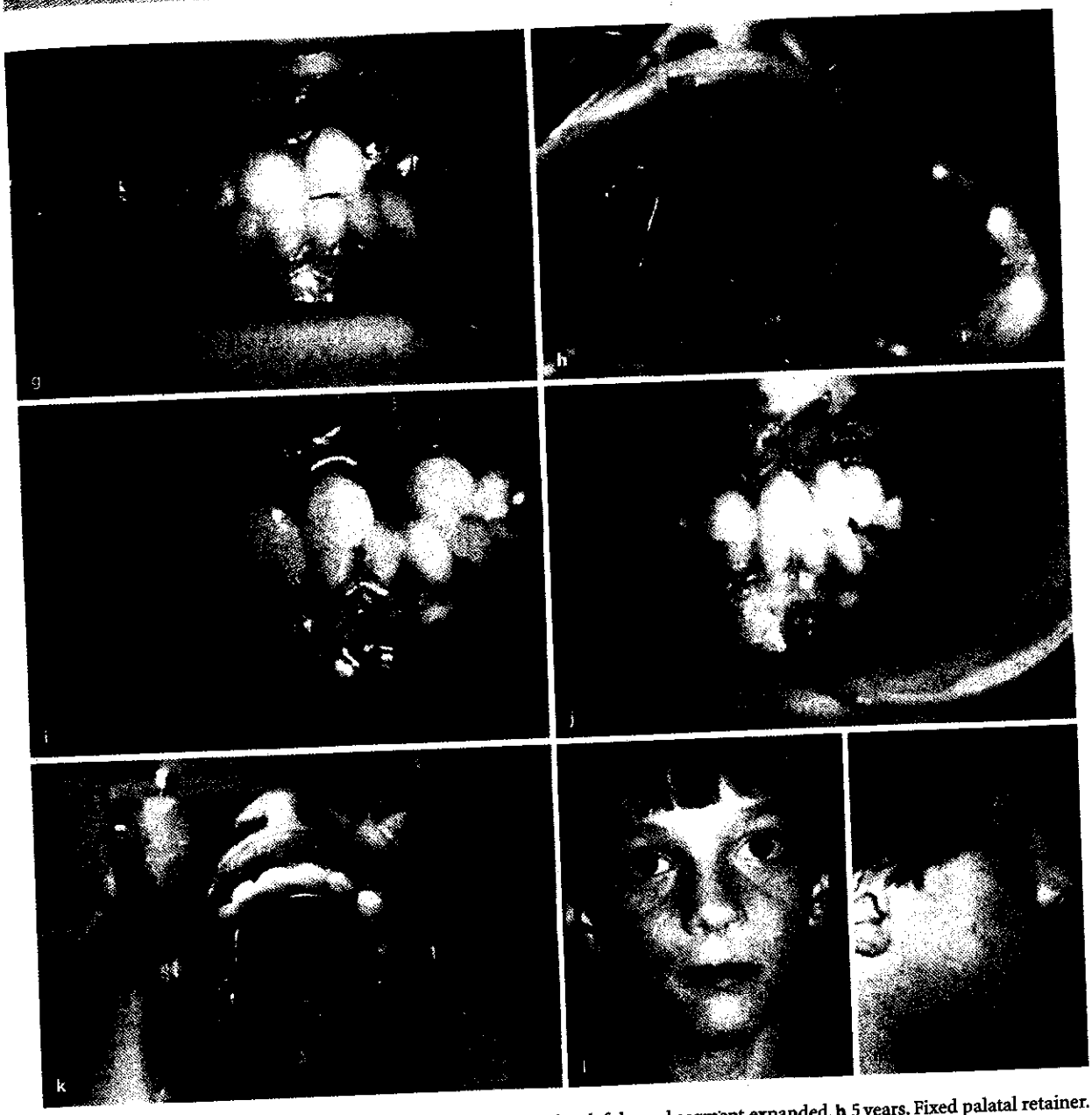


Fig. 6B.5 a–v. *(continued)* **g** Anterior teeth were advanced and the cleft buccal segment expanded. **h** 5 years. Fixed palatal retainer. **i, j,** and **k** Fixed palatal retainer with lateral incisor pontic (tooth). **l** and **m** Facial photographs at 6 years

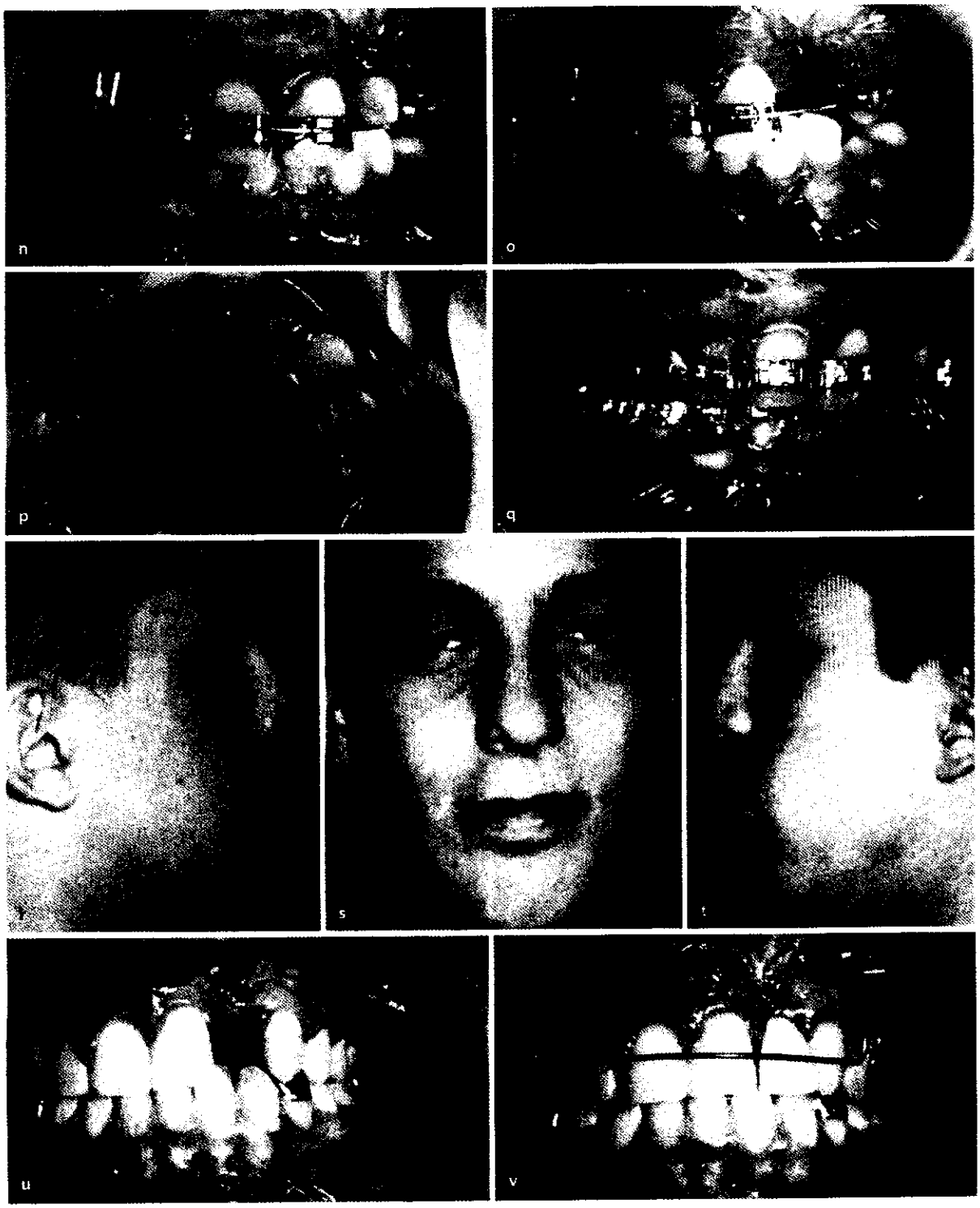


Fig. 6B.5 a–v. *(continued)* **n** and **o** 7 years, 3 months: lateral incisor is erupting through cranial bone graft. Orthodontics in the adult dentition: **o** Lateral incisor is extracted due to poor root development. **p** and **q** conventional orthodontics. Surgery to close the palatal fistula was unsuccessful. **r**, **s**, and **t** Facial photographs at 17 years. **u**, and **v** Intraoral photographs. Hawley orthodontic retainer with lateral incisor pontic

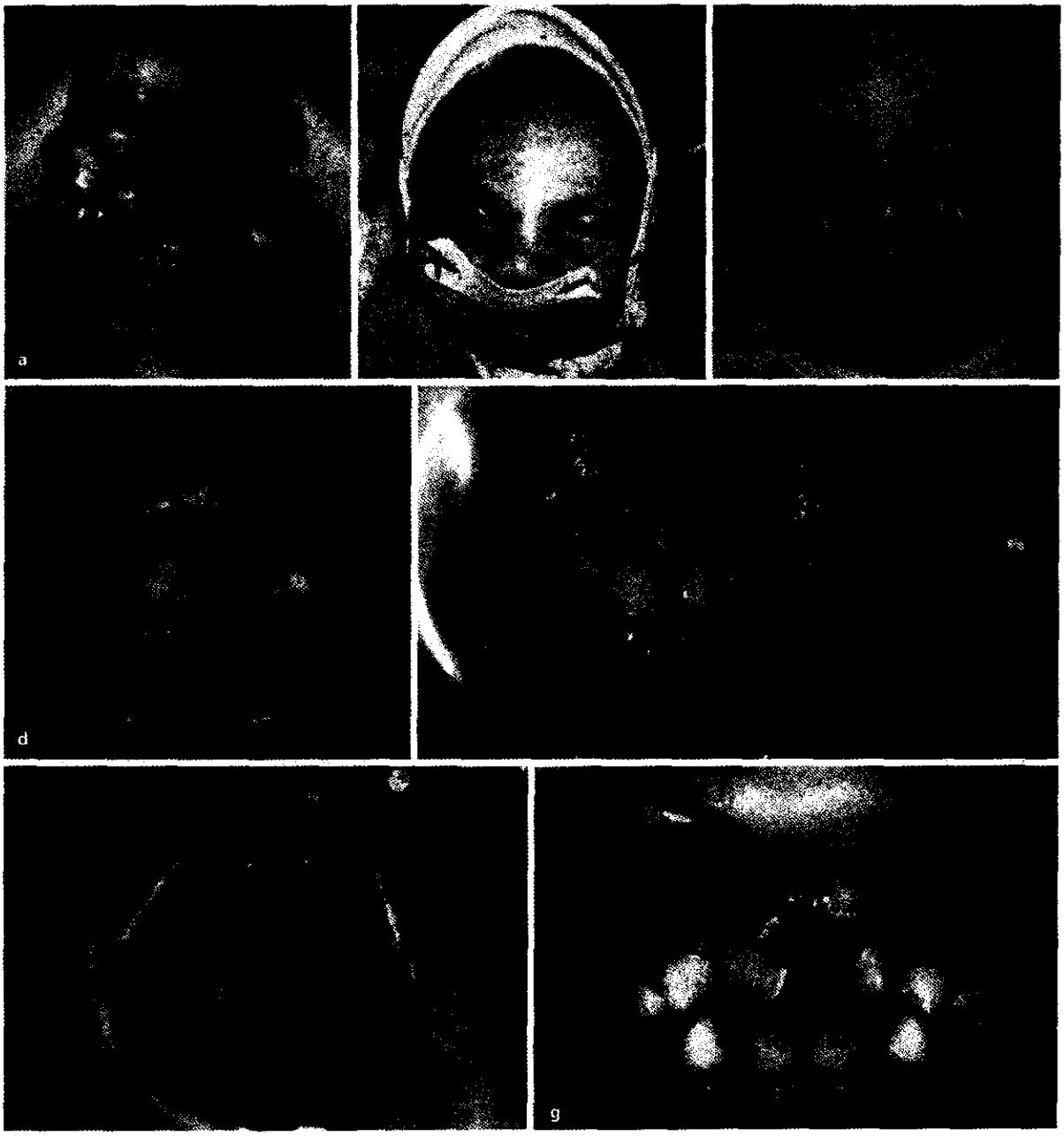


Fig. 6C.66 a–q. Case CH (II-64). This case demonstrates the need to advance the premaxilla after premaxillary surgical setback. A chin augmentation was necessary to neutralize the effect of excessive upper facial growth. **a–i** An external elastic off a head bonnet was used to ventroflex the premaxilla prior to lip surgery. As a result of the continuous premaxillary overjet, at 4-9 it was surgically set back. The palatal cleft was closed at 5-6 using a modified von Langenbeck procedure. A secondary alveolar bone graft was placed at 10-5. The patient's family moved to a different state where the orthodontist unsuccessfully attempted to close the lateral incisor space by retracting the central incisors

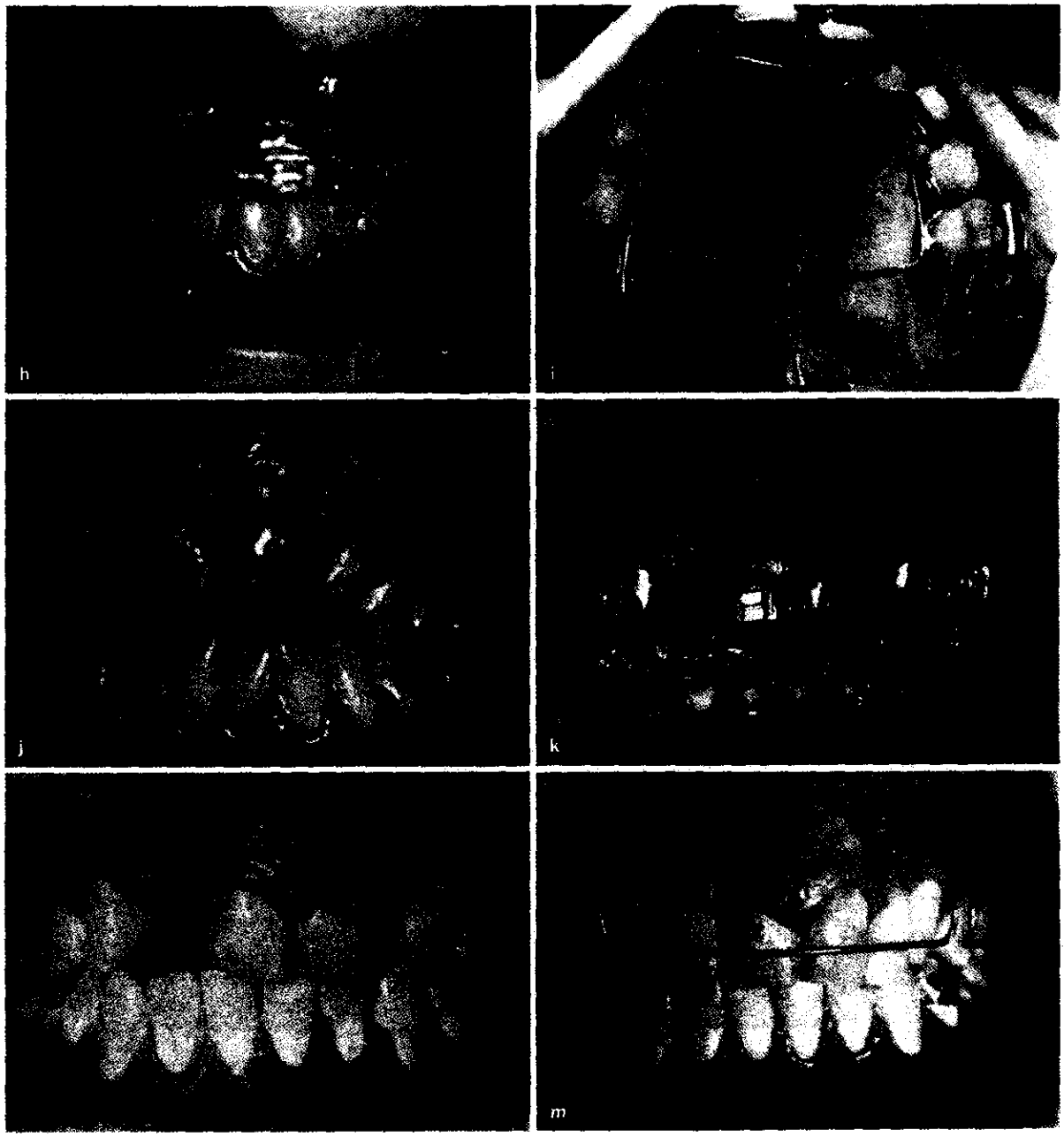


Fig. 6C.66 a–q. *(continued)* **j** An anterior open bite was created. The patient returned to Miami. Treatment plan was changed to: (1) advance the premaxilla and open the lateral incisor space and (2) along with chin augmentation using autogenous bone from the inferior border of the symphysis. **k, l,** and **m** *After* mandibular sagittal split surgery and orthodontic premaxillary advancement to recover lateral incisor spaces and advance the midface. A Hawley retainer with two false teeth were used to maintain the arch form

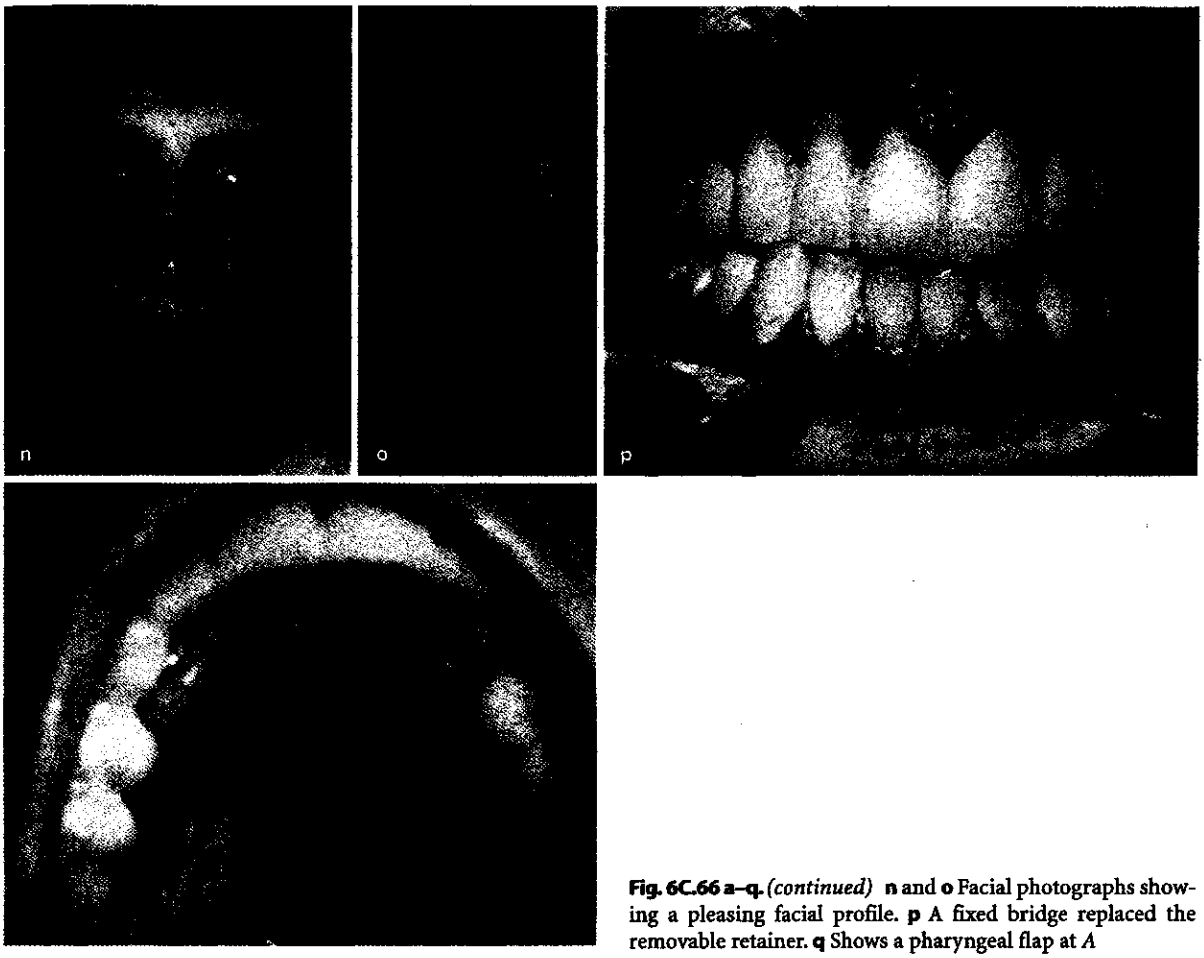


Fig. 6C.66 a–q. *(continued)* **n** and **o** Facial photographs showing a pleasing facial profile. **p** A fixed bridge replaced the removable retainer. **q** Shows a pharyngeal flap at *A*