

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Honolulu, HI 96801-3378
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WRITTEN ONLY

**Testimony COMMENTING on HB 174, HD 2
RELATING TO HEALTH**

SENATOR JOSH GREEN, CHAIR
SENATE COMMITTEE ON HEALTH
SENATOR ROSALYN H. BAKER
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Hearing Date: March 19, 2015 Room Number: 229

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

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

8 In Hawai‘i, the rate of children with orofacial anomalies is estimated to be one in every
9 500 births. Children with orofacial anomalies require orthodontic services as an integral part of
10 the treatment process that also involves the pediatric dentist, oral maxillofacial surgeon, plastic
11 surgeon, and other specialists. They may require up to three separate phases of orthodontic
12 treatment. Without appropriate treatment, children with orofacial anomalies experience short-
13 and long-term problems, including feeding, growth, frequent ear infections, hearing loss, speech
14 delays, and dental and orthodontic malocclusion.

15 The State Auditor studied the social and financial effects of mandating health insurance
16 coverage for medically necessary orthodontic treatment of persons with orofacial anomalies
17 (“Study of Mandatory Health Insurance for Treatment of Orofacial Anomalies”, Report No. 14-
18 08, September 2014, <http://files.hawaii.gov/auditor/Reports/2014/14-08.pdf>). The report
19 recommends requiring health insurance coverage for medically necessary orthodontic treatment
20 for orofacial anomalies, based on the following:

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

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

13 Thank you for the opportunity to testify.



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 19, 2015

The Honorable Josh Green, Chair
Senate Committee on Health
and

The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senator Green, Senator Baker, and Members of the Committees:

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 Honorable Josh Green
The Honorable Rosalyn H. Baker
Page 2
March 19, 2015

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 health care 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.

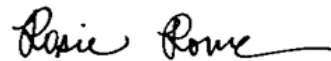
The Council appreciates the Legislature's initiative in addressing mandated coverage of medically necessary orthodontics by private health insurers.

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

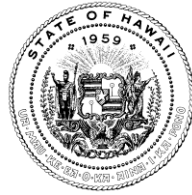
Sincerely,



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



Rosie Rowe
Chair



DAVID Y. IGE
GOVERNOR
SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
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CATHERINE P. AWAKUNI COLÓN
DIRECTOR
JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE SENATE COMMITTEES ON HEALTH AND
COMMERCE AND CONSUMER PROTECTION

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Thursday, March 19, 2015
9:00 a.m.

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

TO THE HONORABLE JOSH GREEN, M.D. AND ROSALYN H. BAKER, CHAIRS,
AND MEMBERS OF THE COMMITTEES:

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

House Bill No. 174, H.D. 1
DCCA Testimony of Gordon Ito
Page 2

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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To: Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

To: Rosalyn H. Baker, Chair
Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

From: R. Michael Hamilton, MD, MS, FAAP
President, American Academy of Pediatrics, Hawaii Chapter
2828 Paa Street, Honolulu Hawaii 96819

Re: Testimony on HB 174 HD 2, Relating to Health

Hearing Date: Thursday, March 19, 2015 @ 9am

On behalf of the Hawaii Chapter of the American Academy of Pediatrics (HAAP) I would like to thank you for this opportunity to testify in support of HB 174 HD2, which will promote access to quality health care in the state of Hawaii 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 HD 2.

Sincerely,

A handwritten signature in black ink, appearing to be "R. Michael Hamilton".

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

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Malia Shimokawa, MD
Kapi'olani Cleft and Craniofacial Center – 808-983-8500 x1

Thursday, March 19, 2015

Support for HB 174 HD2: Relating to Health

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.

I am testifying in strong support of HB 174 HD2 relating to health which would promote access to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

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. 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 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 may experience serious functional deficiencies in chewing, swallowing, respiration, speech, unstable or malpositioned oral structures, and inadequate dentition. 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.

Malia Shimokawa, MD

Thursday – March 19, 2015 9:00 am
Conference Room 229

SENATE COMMITTEE ON HEALTH

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Roselyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair

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

Re: HB 174, HD2 Relating to Health
Testimony in Strong 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 strong support of 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 working families, the expense for this type of treatment is not affordable.

Having studied the social and financial effects of mandating health insurance coverage for medically necessary orthodontic treatment of persons with orofacial anomalies, the Auditor 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 orthodontic treatment for orofacial anomalies has been a covered medical benefit of the Medicaid and TRICARE programs. Sixteen (16) 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.

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Teresa Cruzan, MS CCC-SLP
808-238-9565
PO Box 967
Captain Cook, HI 96704

Thursday, March 19, 2015

Support for HB 174 HD2: Relating to Health

My name is Teresa Cruzan. I am a private practice speech therapist and CEO for Island Therapeutic Specialists, LLC, located on the big island of Hawaii. I have had the pleasure of working with families and treating children who were born with craniofacial and orofacial anomalies for more than 7 years. I have provided feeding, hearing, and speech/language treatment and consultation for children age birth to adult. I have supported them, and their families throughout the many surgeries and recoveries they must endure in order to gain the ability to eat and speak like the rest of us.

I am testifying in strong support of HB 174 HD2 relating to health which would promote access to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

1. A child who is born with a craniofacial or orofacial anomaly can receive 1000s of hours of speech therapy through early intervention, school services, and private pay or insurance based services to teach them strategies in order to compensate for inadequate oral structures.
2. Improper alignment of a person's teeth can significantly impact their ability to speak clearly and understandably. Without adequate oral structures a person's ability to speak is greatly affected. This includes not only filling in the gaps and holes, but also making sure the teeth are properly aligned so that they can access all the sounds we need to produce our words.
3. The earlier and more complete the repairs are made (including proper alignment of teeth) the fewer compensatory strategies will need to be taught.
4. Children born with orofacial anomalies do not have adequate oral structures to eat and speak like typically developing children. And must endure multiple surgeries

to repair these structures. However, the long term effects of these early interventions is far reaching. Leading to decreased need for long term treatment and individual therapy.

5. I have treated children who have never had orthodontic treatment, children who receive orthodontic treatment many years later, and those who have had it from the earliest opportunity. From my experience, the children with early treatment need my services the least because they are able to develop their speech more normally with all of the structures in place for them to do so.

In my work with families, I have seen many parents go to extraordinary lengths to provide the best care possible for their children. I have seen a family sell their car, mothers and fathers take on two or sometimes three additional jobs to cover the medical costs involved in treatment of their children. There are many costs that will be incurred by families of children with orofacial anomalies that are necessary but not “medically necessary”.

We each believe that should we or a loved one need a medically necessary procedure that our insurance will ease the financial burden and ensure the care we need is covered. I believe that orthodontic treatment is something that needs to be covered for these children and that; by providing this coverage the amount of individual therapy needed will be decreased across the lifetime of the individual.

I strongly support of HB 174 HD2 relating to health which would promote access to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

Thank you very much for your consideration.

Teresa Cruzan, MS CCC-SLP
Director of Therapeutic Services
Island Therapeutic Specialists, LLC
81-6587 Mamalahoa Hwy
Suite C-203
Kealahou, HI 96750

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn Baker, Chair
Senator Brian Taniguchi, Vice Chair
Committee of Commerce and Consumer Protection

Kim and Jerry Virtudazo
Ewa Beach, Hi 96706

March 17, 2015

RE: H.B. 174 HD 2– Relating to Health

Dear Chairs Green and Baker, Vice Chairs Wakai and Taniguchi, 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 HD 2, 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. 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 HD 2.

Thank you for this opportunity to testify and please pass HB174 HD 2.

Sincerely,
Kim, Jerry, Logan (3 years old), & Lily (5 months) Virtudazo

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn Baker, Chair
Senator Brian Taniguchi, Vice Chair
Committee of Commerce and Consumer Protection

Ai-Khanh Hoang
Ewa Beach, Hi 96706

March 17, 2015

RE: H.B. 174, H.D. 2. – Relating to Health

Dear Chairs Green and Baker, Vice Chairs Wakai and Taniguchi, and Members of the committee:

My name is Ai-Khanh Hoang and I am writing in support of HB 174, HD 2. I am writing you as an Aunt; My three year old nephew was born with a severe cleft lip and cleft palate. I am here to provide testimony in support of HB 174, HD 2, 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.

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, HD 2.

Thank you for this opportunity to testify and please pass HB174, HD 2.

Sincerely,
Ai-Khanh Hoang

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Grace Miyata
P O Box 185
Kealahou, Hawaii 96750

Thursday, March 19, 2015

Support for HB 174 HD2: Relating to Health

My name is Grace Miyata and I have been a social worker working with children with various special health needs for over 29 years on Hawaii Island. I would like to provide testimony in strong support of HB 174 HD2, which requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

An automatic denial awaits parents with private medical insurance once their child is ready to receive the orthodontic phase of their child's medical treatment plan. These same dutiful parents have bravely supported their child through countless sacrifices, surgeries, specialist and therapy visits by the time they get to this orthodontic phase. These parents know a delay at the orthodontic phase of treatment could negatively affect their child's medical status and impact prior restoration. Children covered by Medicaid already receive medically necessary orthodontic treatment without disruption. Passage of this bill will help working families with private insurance afford and receive timely medically necessary orthodontic care for their children born with orofacial anomalies. The state auditor's report reiterates medically necessary orthodontia coverage should be a mandatory benefit to all children with orofacial anomalies. It specified private insurance companies should also provide this coverage. Please help ease the financial burden of the cost of orthodontic treatment places upon families who have been doing their best to help their child reach his/her optimal health status, physical, social-emotional functioning and productivity. Please promote access to quality health procedures for all children in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

Thank you for this opportunity to provide testimony in support of HB 174 HD2.

Grace Miyata

Twenty Eighth Legislature, 2015

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Thursday, March 19, 2015

Support for HB 174 HD2: Relating to Health

My name is Melissa Ann Newberg, and my husband Max and I are the proud parents of three wonderful 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.

Discussion about the orthodontic phase for Alena began about three years following her medical treatment plan developed by her Craniofacial medical team. Because Alena was born with an orofacial anomaly, orthodontic treatment is not cosmetic in nature. Orthodontia is just the next step in her medical plan and it 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 ready her for the following bone graft surgery. You do not have to be a medical person to know medically necessary orthodontia is not "just a cosmetic" procedure, yet automatic denials of orthodontic treatment by private insurers would leave one to believe they assume all orthodontia is cosmetic in nature. After Alena's bone graft, (and her body 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 well planned treatment plan, extensively documented medical history, surgeries, specialty and therapy services. Alena's Craniofacial team at would never authorize orthodontia treatment that was not medically necessary.

As we urge you to support H.B.174, H.D. 2, please remember there could be life-long social-emotional and physical cost to children born with orofacial anomalies, should

medically necessary orthodontic treatment be postponed because of a family's 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 helps 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 testimony in support of H.B. 174, H.D.2.

Sincerely,
Melissa and Max Newberg

1.

Peter and Lee Ann Trang
1244 N School Street
Honolulu, HI 96817
March 17, 2015

Twenty-eight State Legislature, 2015
State Capitol
State of Hawaii
Honolulu, HI 96813

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Re: Support for HB 174 HD2, Relating to Health

Dear Members of the Committees:

Our names are Peter and Lee Ann Trang, concerned parents of a child born with an orofacial anomaly. We are here to provide testimony in strong support of HB 174 which would promote access to quality health care in the State by requiring health coverage of medically necessary orthodontic treatment of orofacial anomalies.

Our son, Lincoln Trang, is now 3 years old. He was born with a bilateral cleft lip and palate. He has had 4 surgeries to date, and requires more in the future. In addition to these future surgeries and ongoing speech therapy, he will also need orthodontic care. Due to his birth defect, all these surgeries, therapy as well as orthodontic care are deemed medically necessary and therefore should be covered by health insurance. As parents who have witnessed their child go through multiple surgical operations, we would not subject our child to additional procedures unless it was medically necessary.

Thank you and aloha for this opportunity to testify in support of HB 174 to provide health coverage for medically necessary orthodontic services in the treatment of orofacial anomalies.

Best Regards,
Peter, Lee Ann and Lincoln Trang

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

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

Thursday, March 19, 2015

Support for HB 174 HD2: Relating to Health

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 HD2 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 po-

tential 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

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Evalani Pandaraoan, Esq.
Waipahu, Hawaii
New York, New York (current)

March 17, 2015

Re: **Support for HB 174 HD 2:** Relating to Health

I am writing in support of HB 174 HD 2, 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. Although the passage of this bill will not impact me or my family directly, it will significantly impact the family of one of my best friends, Kim, and her son, Logan, whose smile can light up a room.

Kim and her husband, Jerry, have been very active in the passage of this bill and because you have her testimony, I will not reiterate her family's story. Nor will I reiterate the statistics that was provided to you in the Hawaii State Auditor's report, *Study of Proposed Mandatory Health Insurance for Treatment of Orofacial Anomalies*, published in September 2014. Instead, I write to you as a witness to the impact that a child with special needs can have on a family and an insight into one of the many hard working, middle-class families you will be helping with the passage of this bill.

I received a phone call from Kim the day she was told that her son had cleft palate and lip, her voice filled with emotions as the anxiety of having her first child was further exasperated by the news. She wondered whether she and Jerry were equipped to raise a child with special needs, whether they were strong enough to support him through the social impact that orofacial anomalies can have on a child, and worried about the physical and emotional toll it will have on their son; all this in addition the worries that most new parents face. I was unaware at that time that insurance would not cover their son's medically necessary orthodontic surgeries. Thinking back at this phone call, I cannot

imagine having the additional anxiety of the financial burden this will have on their family. However, Kim and Jerry tackled every obstacle head-on. They reached out to organizations for support, made professional sacrifices (including taking nine months off from work and delaying graduate school graduation), and made additional budgetary cuts to save money for Logan's medically necessary surgeries. But their commitment to helping children with orofacial anomalies did not stop with their son.

After they learned of Logan's cleft palate and lip, Jerry became an ardent donor to the Blood Bank of Hawaii as a way to "pay it forward" for the donation that Logan would receive during his surgery. Even with this economic burden, they continually express their gratitude for the support they had received from organizations such as Easter Seals and ask that their family and friends donate to these organizations in lieu of birthday or Christmas gifts. Additionally, instead of asking for donations to help with the cost of Logan's surgeries, that would only relieve their economic burden, they are turning to the legislature to help relieve this burden for every family in their shoes.

It is because of this inspiring family and many more like them that I write to you in support of HB 174 HD 2, 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 support this bill for all the families in Hawaii who are doing everything they can to ensure that their child has the ability to give one of the most powerful expressions of aloha, their smile.

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

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

Thursday, March 19, 2015

Support for HB 174 HD2: 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 13yo handsome young man 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 the last 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 teenager 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 \$1500.00 to \$2000.00 for Orthodontia via Dental insurance. Obviously this is not sufficient for the **multiple phases** required for our 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 Hu-

man 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 HD 2.** 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**

Support our Keiki by Passing **HB174 HD 2** and **SMILE** today for the children born with Cleft lip and palate in Hawaii!!!

Mahalo nui loa,

Kelli-Ann Frank Voloch, MD
Proud mom of Sean Voloch
Founder & Coordinator of Lifetime of Smiles Craniofacial Support Group



Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

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

Thursday, March 19, 2015

Support for HB 174 HD2: 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

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Chestine & David Domingo
85-1509 Kapaekahi St.
Waianae, HI. 96792

Thursday, March 19, 2015

Support for HB 174 HD2: Relating to Health

Aloha, my name is Chestine and our daughter Traejhann was born with a cleft lip and partial alveolar cleft in her gum line that will need bone grafting and orthodontia in the near future. At four months she had her first surgery to repair her lip and at that time, we were covered by Aloha Care Quest. She is now five years old and attending preschool. Our family is with the wonderful support group Lifetime of Smiles at Kapi'olani Hospital. Today, I would like to testify in strong support of HB 174 HD2 relating to health which would promote access to quality health care procedures in the state by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

We are a family of seven with private health insurance under my husband. David is in the construction field as a Roofer and I am a stay at home mom taking care of our three little ones, ages 7, 5 & 1. In my husband's line of work, business gets slow and he has had a lot of rain-outs or jobs not ready. It gets really stressful with the lack of work and bills piling up. Unfortunately, our dental insurance does not cover orthodontia. Being that it is a medical necessity, when the time comes for our daughter to receive medical treatment for bone grafting and orthodontics, we are worried that we may have to delay treatment because of the high cost that we will have to pay for orthodontics out of pocket or would have to make a loan that may put us more in financial hardship. I would feel badly because I know she will need this and it will help her in so many ways.

I support HB174 H.D. 2 because it will require health insurance coverage for my daughter's medically necessary orthodontic treatment and make it easier for us to pay for our share of her treatment. Therefore, we humbly urge you that by passing bill HB 174 H.D.2, it would help us immensely and families in situations like ours.

Mahalo Nui Loa for the opportunity to testify in strong support of H.B. 174 H.D.2 requiring health insurers to cover medically necessary orthodontic treatment of orofacial birth defects.

Chestine & David Domingo, parents of a child with cleft lip and palate.

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Thursday, March 19, 2015

Support for HB 174 HD2: 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 almost ready for the orthodontic phase of his medical treatment plan. Sammy has a wonderful craniofacial specialty team at Kapiolani Medical Center. We see them regularly to check on past procedures, and plan for the next phase of his medical treatment plan.

I am in strong support of H.B. 174, HD 2 requiring health insurance coverage of orthodontic treatment for children born with orofacial anomalies. We have gone through years of treatments and surgeries for Sammy. We follow his medical treatment plan and have seen how one procedure builds upon the other. We follow Sammy's growth and development and know a disruption in this medical plan could have an enormous negative impact on his overall medical status. Without orthodontia coverage, we would not be able to get Sammy the sequential medical care needed and the successful reconstruction of his past surgeries would be compromised. Each of his surgeries and procedures are introduced at a certain period of time, and facilitate just the right improvements in his overall physical health and indirectly affect his emotional health. Sammy's speech steadily improves because of his past surgeries, repairs and speech therapy at school. The eventual addition of orthodontic treatments will further enhance Sammy's speech and ability to be understood by his teachers, friends and community. This boost in his confidence can be cannot be measured.

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 charted out in the 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 access to medically necessary orthodontic care and ensure all children get a chance to be the best they can be, physical and emotionally. They will have a chance to have friends

who can finally might be able to understand what they are saying and the ability to communicate effectively with teachers, community and beyond. These children would have a better chance to become well-adjusted and productive adults.

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

Michele Elbertson

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: wmesiona@yahoo.com
Subject: Submitted testimony for HB174 on Mar 19, 2015 09:00AM
Date: Tuesday, March 17, 2015 11:06:24 PM

HB174

Submitted on: 3/17/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

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

Comments: This testimony is in strong support of 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. Children with orofacial anomalies require multiple procedures in multiple phases which creates a large financial hardship on families with PRIVATE insurance who pay for premiums. This should not be the case. Private insurance should cover the costs of these necessary yet costly interventions for our keiki and their 'ohana.

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.

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Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Vivian and Armando Realista
Kapaau, Hawaii

Thursday, March 19, 2015

Support for HB 174 HD2: Relating to Health

My name is Vivian Realista. My husband and I are the very proud parents of Armando Realista, Jr. Armando was born with an orofacial anomaly called Treacher Collins Syndrome. Armando just turned 18, and will be graduating from Kohala High School in a few months. Armando plans to attend college this fall.

We would like to provide testimony in support of H.B. 174, HD 2 and have first-hand knowledge of the importance of 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. One procedure lays the foundation for the next surgery or corrects another area. 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 the medical treatment they need to grow up to be happy and as healthy as possible. We urge you to please support all families who have a child born with orofacial anomalies. Help them by passing this bill and assuring their child will obtain the medically necessary orthodontic treatment needed.

Thank you for this opportunity to provide written testimony in support of HB 174 HD2
Vivian and Armando Realista

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Senate Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Senate Committee on Commerce and Consumer Protection

The Maga Family
6207 Kawaihae Place
Honolulu, Hawaii 96825

Thursday, March 19, 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



Kathleen Mishina, BSN, MPH
P. O. Box 740
Captain Cook, Hawaii 96704
Phone: 808-895-0313

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Thursday, March 19, 2015

Support for HB 174, HD2: Relating to Health

My name is Kathleen Mishina. I am a registered nurse with over 35 years of nursing experience in Hawaii, of which 20 years was spent working with families in my community. I am familiar with infants and children with orofacial anomalies, as well as the years of treatment required to correct congenital deformities, including need for orthodontia care resulting from cleft lip and/or palate. I have provided home visiting and nursing services, care coordination and case management on behalf of families of children with orofacial anomalies.

I am testifying in very strong support of HB 174 HD2, relating to health which would promote access to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

The most compelling finding is that children who are insured under Med-Quest or Kaiser are able to have insurance pay for medically necessary orthodontia services, whereas those who have HMSA, UHA, or HMAA are not covered by their private insurance, and their families must either seek grants to cover orthodontia treatment, or pay out-of-pocket. Orthodontia consultation and treatment places financial hardship on many of these families, who are neither too poor to qualify for Med-Quest, nor rich enough to comfortably pay out thousands of dollars per orthodontic treatment phase. It is a health insurance discrepancy that is being justly addressed in HB 174 HD2.

While the merits and necessity of orthodontic consultation and treatment are well established, there is inconsistent coverage of these services by current private insurance in Hawaii. This disparity can be resolved through passage of HB 174 HD2, which is before your committees today. Justification for why all private insurance providers in Hawaii should provide coverage of medically necessary orthodontia care follows.

- Successful treatment of orofacial anomalies, such as cleft lip and palate, is a multi-stage process that needs to be coordinated between medical and dental specialties in a timely manner.
- The multidisciplinary team, which provides optimal coordination of care, includes the orthodontist as a core provider.

- The critical timing of various medical and dental services in what is usually a multi-phase treatment plan beginning in infancy, and through important years of physical growth and development, ensures successful outcome of treatment, improving the likelihood of a fulfilling life and active participation in society.
- Sixteen states already provide mandatory health insurance coverage of medically necessary orthodontia services. Currently, Hawaii and one other state, are considering its merits through legislation.

The 2014 Auditor's Sunrise Report makes reference to the American Cleft Palate and Craniofacial Association (ACPCA), an organization which establishes guidelines to assure quality multidisciplinary oral care to children with orofacial anomalies. In summary:

- Treatment plans should be developed and implemented on the basis of multi-disciplinary team, including orthodontia recommendations. Hawaii has been successful in providing this model to families with orofacial anomalies. However, payment for orthodontia has resulted in financial burden for many families.
- Typically, a child with cleft lip and palate will need orthodontic consultation and/or services when primary teeth erupt, during the period when there are mixed primary and erupting permanent teeth, and finally when the number and functionality of permanent teeth are known and evaluated by the craniofacial team. For instance, mal-alignment of teeth, or missing teeth, if left uncorrected, can directly affect other corrective efforts of the orofacial anomaly as well as the success of the overall treatment plan.
- ACPCA recommends health care delivery systems provide comprehensive, multi-disciplinary treatment services. Certainly, health insurance providers are a very critical component of any health care delivery system. HB174 HD2 will insure that Hawaii's health care system is a just and equitable one for consumers when it comes to insurance coverage for medically necessary orthodontic services when related to orofacial anomalies.
- The Auditor's Report also finds that the overall treatment costs are unlikely to increase, noting that only 0.2% of children born in Hawaii have orofacial anomalies.

In closing, passage of HB 174 HD2, by requiring private health insurance plans to provide orthodontia consultation and treatment services, will signal Hawaii's commitment to create a fairer health care system in which access to medically necessary orthodontia services will not be determined by what type of insurance a child has.

Please support HB 174 HD2. This is a bill to provide all children with craniofacial anomalies equal and timely access to medically necessary orthodontia consultation and treatment services. Moreover, Med-Quest and Kaiser Permanente already provide for insurance coverage of medically necessary orthodontia services when indicated by the multi-disciplinary team. It's time the other insurance also do the same. Thank you for your support.

Sincerely,

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: dhusui@mail.com
Subject: Submitted testimony for HB174 on Mar 19, 2015 09:00AM
Date: Wednesday, March 18, 2015 8:11:48 AM

HB174

Submitted on: 3/18/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
David Usui	Individual	Support	No

Comments: As parents of a cleft lip/ palate child we humbly ask that you pass this bill so our child and many other children can have and live a normal life without bankrupting the parents. This would go a long way in helping the child develop self esteem, correct speech disorders, and have a better life. 17 states have such medical insurance to help cover the costs of corrective procedures for children of this type of disorders. We humbly ask that you will pass this bill so that these children can have normal lives. What would you like done if you had or knew of a child close to you, that had oral facial anomalies? Wouldn't you ask your Representatives and Senators to help pass such a bill? Please see it from your eyes and if the situation was reversed. Again we are in favor of passing this bill HB 174 HD2 for the sake of our children and their future. Thank You. Sincerely the Usui Family. David, Amy and Diane (7)

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.

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Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Jon and Julie Anne Tamayori
647 Kunawai Lane Apt 111
Honolulu, HI 96817

Thursday, March 19, 2015

RE: H.B. 174, Relating to Health

My name is Julie Anne Tamayori, parent of a girl born with a cleft lip and cleft palate. I am testifying in support of 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.

We were in the process of adopting a child from China but when they told us that the wait for a “normal” child was predicted to be another eight years (we had already been waiting for three years since applying), we decided to go the route of adopting a “special needs” child. When we were asked if we would be interested in adopting this baby with cleft lip and palate, we agreed to adopt her thinking it would be a simple cosmetic procedure to fix the defect. After we adopted her, we found that this was not the case. After learning more about this defect, we found that typically, these children undergo about 7 or 8 procedures depending on the severity of the defect. Our daughter underwent her first surgery at the age of 1 (a month after we got her) and by the age of 4, had already gone through 5 surgeries. She went for her annual cleft clinic check-up where she is evaluated by a team of doctors and specialists just last week. It looks like she probably will need another surgical procedure soon although she just had one done last November. I was hoping that we would have a few years break before doing anymore procedures but looks like that isn’t the case. It seems like the medical bills are constant.

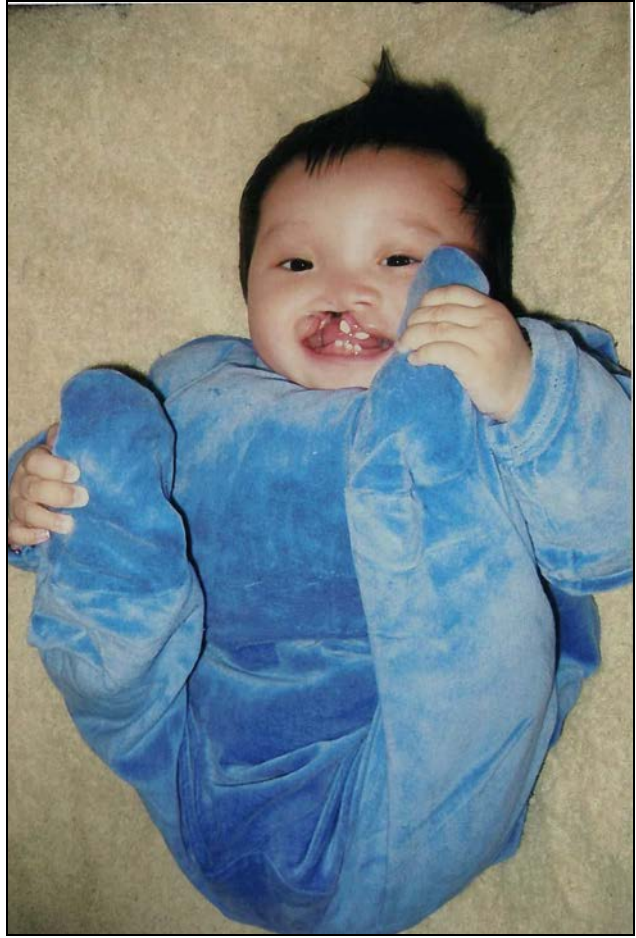
Orthodontic treatment is medically necessary for these children as it impacts so many functions—how they speak, how they eat, how they swallow, how they hear, not to mention self esteem. Medicaid already recognizes this as a **MEDICALLY NECESSARY** procedure, it is only right that the private insurance companies do the same.

Thankfully, we were ignorant of what having a cleft child would mean for us both emotionally and financially because if we had been more informed, we probably would not have adopted our little girl who is such a blessing to us.

Thank you for the opportunity to testify and support of this bill HB174.

Sincerely,
Jon and Julie Anne Tamayori





Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

Ben and Yoshie Reder
3045 Pualei Cir. Apt 310
Honolulu, HI 96815

Thursday, March 19, 2015

Support for HB 174 HD2 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.

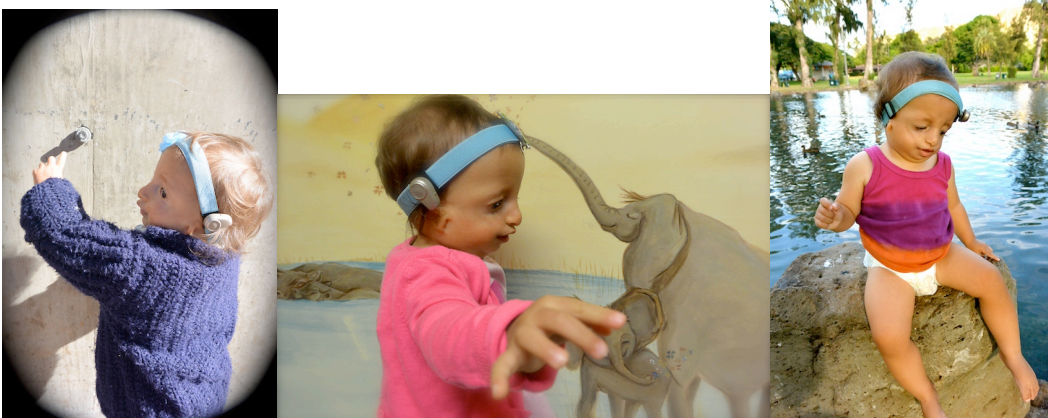
My name is Ben Reder. I am testifying in support of HB 174, HD2 which requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

My daughter Enju has a genetic condition known as Treacher Collins Syndrome. The summary of her condition is that she has numerous facial developmental issues (e.g. she lacks external ears, her cheek and lower jawbones are underdeveloped, and she has a hole in the top of her mouth known as a cleft palate). These factors will inevitably cause numerous dental-related issues throughout her life, and for Yoshie and myself this will be a serious economic burden.

We're looking at jaw and mouth surgery, dealing with abnormal crowding, and improper positioning of her teeth. The dental issues will be vast and all resulting from the genetic mishap that we humans call Treacher Collins Syndrome. Enju's situation is rare, 1 in 50,000 people are born with Treacher Collins Syndrome, and the surgeries that are required to give Enju a normal life are not cosmetic, these (including orthodontic surgery) are vital for her health and well being.

Thank you for this opportunity to testify in support of HB 174 HD2

Regards,
Ben



From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: granger.wong@ucdmc.ucdavis.edu
Subject: Submitted testimony for HB174 on Mar 19, 2015 09:00AM
Date: Saturday, March 14, 2015 10:28:14 AM

HB174

Submitted on: 3/14/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
granger wong	Individual	Support	No

Comments: I am testifying in strong support of HB 174 HD2 relating to health which would promote access to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies. These orthodontic needs are a direct result of cleft and craniofacial birth defects. Correction to normalize these pathological conditions absolutely require orthodontic treatment during childhood through skeletal maturity.

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Twenty Eighth Legislature, 2015
State of Hawaii

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Commerce and Consumer Protection

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

Thursday, March 19, 2015

Support for HB 174 HD2: Relating to Health

My name is Sue Jean Hasegawa. I am a parent of a child born with a cleft lip and palate.

I am testifying in **strong support** of HB 174 HD2 relating to health which would promote access to quality health care procedures in the State by requiring health insurance 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 HD2. I believe this bill will significantly and positively impact the health of individuals born with an orofacial difference.

Sue Jean Hasegawa - Mother of a woman with a cleft lip and palate
95-211 Pililua Place, Mililani, HI 96789
808-623-6790

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

Hearing date: March 19, 2015

Re: Support for H.B. 174 HD2.

Dear Senator Green, Senator Wakai, Senator Baker, Senator Taniguchi and Members of the Committees:

My name is Sue Miller. I would like to submit testimony in strong support for H.B. 174 HD 2, 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.

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 HD2.**

Sue Miller

A.k.a. Jacob's Mom