

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

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
www.hawaii.gov/dcca

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

TO THE SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Tuesday, March 31, 2015
9:00 a.m.

WRITTEN TESTIMONY ONLY

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

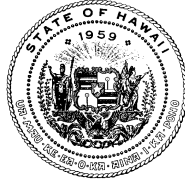
TO THE HONORABLE JILL N. TOKUDA, CHAIR, AND MEMBERS OF THE
COMMITTEE:

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
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

WRITTEN ONLY

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

SENATOR JILL N. TOKUDA, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: March 31, 2015

Room Number: 211

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 31, 2015

The Honorable Jill N. Tokuda, Chair
Senate Committee on Ways and Means
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senator Tokuda 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

The Honorable Jill N. Tokuda
Page 2
March 31, 2015

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.

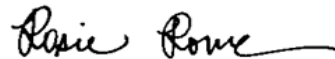
The Council appreciates the Legislature's initiative in addressing mandated coverage of medically necessary orthodontics by private health insurers.

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Hawaii Chapter

AAP - Hawaii Chapter

5414 Kirkwood Place
Honolulu, HI 96821

Hawaii Chapter Board

President

R. Michael Hamilton, MD, MS, FAAP
Department of Pediatrics,
Hawaii Permanente Medical Group
2828 Paa Street
Mapunapuna Clinic, 2nd Floor
Honolulu, HI 96819
Phone : 808/432-5604
Fax : 808/432-5601
Email: Michael.R.Hamilton@kp.org

Vice President

Mae S. I. Kyono, MD, FAAP
1319 Punahou Street, 7th Floor
Honolulu, HI 96826
Phone: 808/780-5286
Fax: 808/983-6109
Email: mkyono@hawaii.edu

Secretary

Josephine Quensell, MD, FAAP
1319 Punahou Street, Suite 1050
Honolulu, HI 96826
Phone: 808/942-8144
Fax: 808/955-3827
Email: quensell@hawaii.edu

Treasurer

Milette Oliveros, MD, FAAP
1319 Punahou Street
Honolulu, HI 96826
Email:
Milette.Oliveros@kapiolani.org

Chapter Executive Director

Kathryn Sthay
5414 Kirkwood Place
Honolulu, HI 96821
Phone: 808/377-5738
Fax: 808/377-3683
E-mail: ksthay@aap.net

Immediate Past President

Kenneth T. Nakamura, MD, FAAP
1319 Punahou Street, Room 743
Honolulu, HI 96826
Phone: 808/983-8020
Fax: 808/983-6343
E-mail: kennethn@kapiolani.org

Chapter Web site

www.hawaii.aap.org

AAP Headquarters

141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: kidsdocs@aap.org
www.aap.org

To: Senator Jill Tokuda, Chair
Senator Ron Kouchi, Vice Chair
Members, Committee on Ways and Means

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

Testimony on: **H.B. 174 HD 2; Relating to Health**

Hearing Date: March 31, 2015 at 9am in rm #211

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,

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

R. Michael Hamilton, MD, MS, FAAP

Hawaii State Legislature
State Senate
Committee on Ways and Means

State Senator Jill N. Tokuda, Chair
State Senator Ronald D. Kouchi, Vice Chair
Committee on Ways and Means

Tuesday, March 31, 2015, 9:00 a.m. Room 211
House Bill 174 HD 2 Relating to Health

Honorable Chair Jill N. Tokuda, Vice Chair Ronald D. Kouchi, and members of the Senate Committee on Ways and Means,

My name is Russel Yamashita and I am the legislative representative for the Hawaii Dental Association (HDA) and its 960 member dentists. I appreciate the opportunity to testify in support of House Bill 174 HD 2 Relating to Health. In speaking with the affected parties and dental professionals involved in treating children afflicted with cleft palates, those whose families were uninsured and covered by Medicaid were better off than those families who were covered by private health insurance.

Those hard working parents who were covered by health insurance under Hawaii law were financially worse off than those covered by Medicaid, because Medicaid covered these situations and private insurance did not. As the Legislative Reference Bureau found in studying this issue, the financial impact on a private insurer was not financially significant due to the few numbers of children and families that were affected with this issue. In the interest of fairness and common sense, we believe that all affected parties are convinced that this legislation is long over due and, therefore, the Hawaii Dental Association supports the passage of this legislation.

TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF HAWAII DENTAL SERVICE (HDS) REGARDING H.B. No. 174, HD 2.

Date: Tuesday, March 31, 2015

Time: 9:00 am

To: Chairperson Jill Tokuda and Members of the Senate Committee on Ways and Means:

My name is Bob Toyofuku and I am presenting this testimony on behalf of the Hawaii Dental Service (HDS) providing COMMENTS on S.B. No. 174, HD 2, Relating to Health and requesting an amendment to this version of the bill.

The issue that needs to be clarified in this bill is whether medical insurance should be responsible to pay for the procedure which may include orthodontic work as opposed to insurance provided by a dental plan. HDS is raising this issue in order to prevent disputes as to payment in the future.

I have read the Auditors report and also contacted Hawaii Pacific Health (Cleft and Craniofacial Center at Kapiolani Medical Center) regarding the procedure and any issues that have or may arise when correcting orofacial anomalies.

I was informed that there have been disputes as to which plan should be paying for the procedure which may include orthodontic work. I was told by a person at the Center that they feel that it is a medical necessity and a medical procedure, and that medical insurance should be responsible for the entire procedure and that any orthodontic work is not cosmetic and is part of the medical need to correct the cleft lip or cleft palate or other birth defects of the face and mouth.

Further, the auditor's report does mention that the nurse who oversees the Cleft and Craniofacial Center at Kapiolani Medical Center explained that the orthodontic treatment referred to in the report is performed not for cosmetic purposes, but rather to help reconstruct a birth defect or birth anomaly.

The auditor's report also referred to the purpose of HB No. 2522 (2014) which is to promote quality health care procedures in the state by requiring private health insurers to cover medically necessary orthodontic treatment of orofacial anomalies.

In order to avoid any future conflict as to which plan(s) should be covering these procedures to correct orofacial anomalies, HDS feels that it would be prudent to make it clear that orthodontic treatment is to be covered by the medical insurance based on the information obtained.

HDS proposes a suggested amendment to be included in Section 2 on page 4 as follows:

“(i) The coverage of medically necessary orthodontic services for the treatment of orofacial anomalies as set forth in this section shall be provided by medical insurance only and any orthodontic services required hereunder shall be paid for by medical insurance.”

It is also suggested that mention should be included in the committee report that it is a medical necessity and that medical insurance is responsible.

Thank you for allowing me to submit these comments regarding this measure. Please feel free to contact me should you have any questions or desire additional information.

Peter and Lee Ann Trang
1244 N School Street
Honolulu, HI 96817
March 30, 2015

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

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

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 would like 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 Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

Vivian and Armando Realista
Kapaau, Hawaii

Thursday, March 31, 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 May. 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 beginning his orthodontic treatment. Armando has had so many complex and painful surgeries and procedures over the years. Orthodontia for Armando and all children orofacial anomalies is not cosmetic in nature. Orthodontia is just one procedure supporting past surgeries or setting the foundation for future surgeries or corrections in another area. Armando has begun his orthodontic treatments, and once orthodontia is completed, he can continue on to permanent closure of his tracheostomy. We know of other children, whose parents have private insurance, and won't be able to come up with the money for orthodontic treatments. Many parents already work two jobs and the additional cost of orthodontic treatment would not be possible. These parents will experience even more anguish knowing their child's treatment plan will likely be delayed or disrupted, and the child cannot go on to the next phase of repair. They are left to feel like they are letting their child down. 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 even if it means it will be a tremendous hardship and everyone in the family suffers. Every child deserves equal access to the quality medical treatment they need to grow up to be healthy as possible. None of this orthodontic treatment should be considered just cosmetic in nature. We urge you to please support all families who have a child with orofacial anomalies and need of orthodontic treatment. Help them by passing HB 174 HD 2 assuring all children will have the same access to quality health care.

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 Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

Grace Miyata
P O Box 185
Kealahou, Hawaii 96750

Tuesday, March 31, 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 almost 30 years on Hawaii Island. I would like to provide testimony in strong support of HB 174 HD2, 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.

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. 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 consider the minimal amount the mandate of orthodontia coverage would have on the collective mass covered by private health insurance as an investment. This tiny investment will pay off exponentially as it supports the limitless potential of Hawaii's children with orofacial anomalies. In addition, your support of this bill will go a long way in helping a parent make the decision of choosing employment rather than remaining unemployed because Medicaid already covers his or her child's orthodontic treatment and there would be no risk of disruption to the medical treatment plan. It is another dilemma that occurs and another sacrifice a family would make for their child. Your support of this bill will show families you believe every child is worthy and deserving of equal access to quality health care and you are with them as they support their child.

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

Grace Miyata

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

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

Hearing date: March 19, 2015

Re: Support for H.B. 174 HD2.

Dear Senator Tokuda, Senator Kouchi 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. Two of these required orthodontia treatment to make space for the surgeries. 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

Derrick M. Mishima
95-1059 Aliana Street
Mililani, HI 96789

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

My name is Derrick Mishima and I am a parent of a child with Branchio-Oculo-Facial Syndrome. 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.

My daughter, Jamie Yukiye Mishima, was born with multiple medical concerns which included a bilateral cleft lip and palate. While surgeries have corrected most of them, she still will have to endure future corrective treatments for her ongoing problems. She is five years old and has already had to undergo five surgical procedures and will endure more as she grows. This has taken a toll on our finances as our savings is almost gone.

She will have to undergo corrective action for her teeth and jaw. This is not cosmetic. This will correct problems relating to her eating and speech and will ensure the elimination of future problems. My daughter's health is of utmost importance so we haven't had to think twice about whether or not we could afford to do it or not. This bill will ensure that Jamie will get the treatment she needs to grow up normally and can provide her with a future rich of opportunities that others are afforded and she so deserves.

Thank you for your time and support

Aloha!

Derrick M. Mishima

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill Tokuda, Chair
Senator Ronald Kouchi, Vice Chair
Committee on Ways and Means

Kim and Jerry Virtudazo
Ewa Beach, Hi 96706

March 29, 2015

RE: H.B. 174 HD 2– Relating to Health

Dear Chair Tokuda, Vice Chair Kouchi, 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. Currently, MedQuest covers these surgeries fully, but private insurance companies don't. This is another financial burden that middle-income families have to struggle with.

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 Jill Tokuda, Chair
Senator Ronald Kouchi, Vice Chair
Committee on Ways and Means

Ai-Khanh Hoang
Ewa Beach, Hi 96706

March 29, 2015

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

Dear Chair Tokuda, Vice Chair Kouchi, 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 Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

Tuesday, March 31, 2015

Michele Elbertson
PO Box 5375
Kailua-Kona, Hawaii 96745

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 for 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. 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 has steadily improved 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.

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. Please give all children equal access to quality health care procedures and ensure all children get a chance to be the best they can be, physical and emotionally.

Thank you for this opportunity to provide written testimony in support of HB 174, HD 2
Michele Elbertson

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi Vice Chair
Senate Committee on Ways and Means

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

Tuesday, March 31, 2015

RE: H.B. 174 HD2: 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 HD2 relating to health which would promote access to quality health care in the State by requiring health coverage of medically necessary orthodontic treatment of orofacial anomalies.

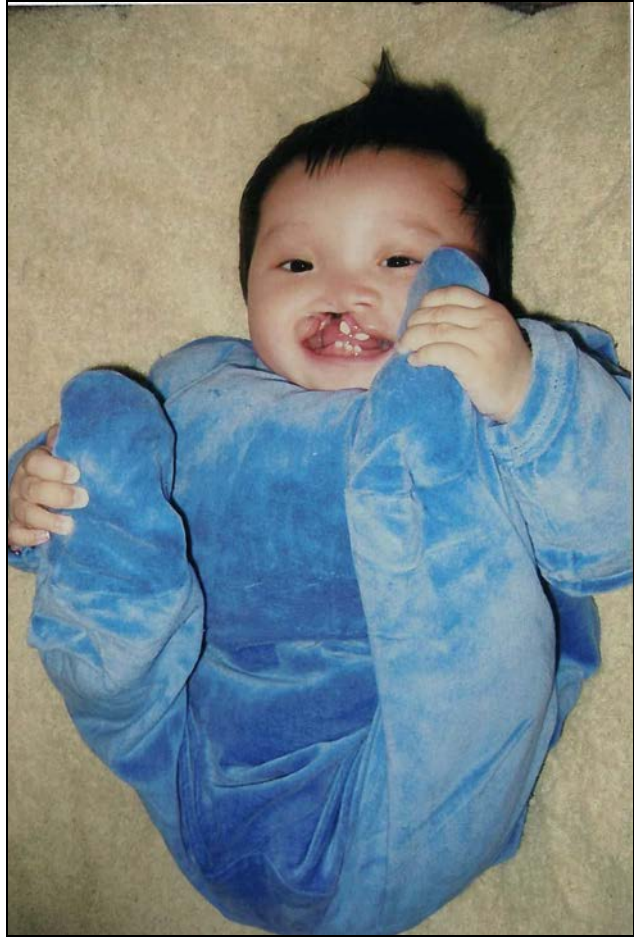
We were in the process of adopting a child from China but when they told us that the wait for a “normal” child was predicted to be another eight years (we had already been waiting for three years since applying), we decided to go the route of adopting a “special needs” child. When we were asked if we 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 month. 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 Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

From: Kathleen Mishina, BSN, RN, MPH
P. O. Box 740
Captain Cook, HI. 96704
808-895-0313

Tuesday, March 31, 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 were 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 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.

Of the four private health insurers surveyed by the Auditor's Office in 2014¹, Kaiser is the only private insurance that provides orthodontics services for their patients with orofacial anomalies. Three other insurers surveyed by the Auditor's Office, HMSA, HMAA, and UHA, do not provide orthodontic treatment coverage. Whereas, the State-sponsored medical insurance, Med-Quest, has provided coverage for medically necessary orthodontic care for many years.

Kaiser's and Med-Quest's insurance benefits for orthodontic care are consistent with the recommendations of the American Cleft Palate-Craniofacial Association, which considers orthodontia as a core service for craniofacial anomalies. Insuring timely access to appropriate orthodontic care can prevent poor medical outcomes and save everyone money in the long run.

Currently in Hawaii, there exists a disparity of insurance coverage for orthodontic care for orofacial anomalies. This bill seeks to provide uniform access for all children with this medical condition.

Financial Impact of HB 174 HD2: Based on the Auditor's Report, the cost impact on health insurance premium resulting from this legislation is anticipated to be minimal due to the small number of Hawaii's children and youth who would qualify for orthodontic care as a result of orofacial anomalies. As noted above, Kaiser and Med-Quest already provide orthodontia

¹ Report No. 14-08: Study of Proposed Mandatory Health Insurance for Treatment of Orofacial Anomalies: A Report to the Governor and the Legislature of the State of Hawaii; September 2014.

treatment. However, the largest private insurer, HMSA, and the smaller insurers, HMAA, UHA, do not.

The Auditor's Report also noted that:

- Medically necessary orthodontic treatment for orofacial anomalies is not used by a significant portion of the general population.
- The use of orthodontic treatment is not likely to increase dramatically since orofacial anomalies among children in Hawaii is 0.2% of births.
- However, the cost of orthodontic treatment when not covered by insurance can be a financial hardship for families as their child grows and develops, averaging \$15,000 over two to three treatment phases to correct the orofacial anomaly.
- The bill provides substantial social benefit in exchange for a minimal cost to private insurers.

Furthermore:

- The lack of insurance coverage places a significant hardship on families that do not qualify for Med-Quest, or limited charitable grants through Kapiolani Medical Center Cleft Clinic or Department of Health's Children with Special Health Needs program. Both Kapiolani and Department of Health have limited funds to sustain financial assistance to families in the long term. With an incidence rate of 0.2% of births resulting in craniofacial anomalies, these grants are stop-gap measures, subject to available funds, and not permanent solutions.
- According to Kapiolani Cleft Clinic, mandating insurance coverage will ensure doctors provide care—including orthodontic treatment and coordinated surgery—at the optimal time for best outcome.
- Sixteen states already mandate health insurance plans provide for orthodontic treatment for orofacial anomalies. Two other states, including Hawaii, are currently considering the same. This is noteworthy and suggests these states have enacted legislation consistent with the recommendations of the American Cleft Palate-Craniofacial Association.

Recommendation to the Ways and Means Committee: This is a bill which assures all children with craniofacial anomalies will have equal and timely financial 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 providers do the same.

In closing, passage of HB 174 HD2, by requiring all 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. Thank you for your support.

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

The Maga Family
6207 Kawaihae Place
Honolulu, Hawaii 96825

Tuesday, March 31, 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



Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

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

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.

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

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

Tuesday, March 31, 2015

Support for HB 174 HD2: Relating to Health

My name is Sue Jean Hasegawa. I am the mother of an adult woman who was 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 HB 174 HD2. 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 HB 174 HD2.

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

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

Tuesday, March 31, 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. 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 orthodontic 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.

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 cleft site for jaw surgery, 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 open space or can continue to reflux into the nasal cavity. Speech sounds can be affected. 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 compromise eating, chewing, swallowing, breathing, and speaking.

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 de-

layed treatment for children born with a congenital anomaly. Currently, families worry about how they will pay for this treatment and sometimes wait to start treatment because of the need to pay out of pocket for medically necessary orthodontics. As a result, this service is delayed and negatively impacts the health of the child.

While working in Hawai'i, I have received calls from working parents telling me that they are worried about the cost of the pre-surgical orthodontics, that they may need to sell a car or have a fundraiser in order to pay for this treatment. It is usually followed by them asking why insurance will pay for the surgery but not the treatment needed to properly prepare the child for surgery and why insurance will pay for plastic surgery to reconstruct a breast after mastectomy but not pre-surgical orthodontics in preparation for jaw surgery to allow their child to breathe easier or to speak more clearly.

For as little as \$0.02 to \$0.04 per member per month or less, you can help to make a difference in each child's life. This bill only impacts those children who have commercial insurance like HMO and PPO. Other children on Medicaid already receive this benefit as their pre-surgical orthodontics is covered. Please consider being a part of this very important legislation to change the way medically necessary orthodontics is delivered in Hawai'i.

Thank you so much for your time.

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



Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

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

Tuesday, March 31, 2015

Support for **HB 174 HD2: Relating to Health**

Support for H.B. 174, H.D. 2, to 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 past 15 years, and an Assistant Professor at the University of Hawaii John A. Burns School of Medicine for the last 10 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 anomalies. 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 private health insurance and dental insurance premiums only to be restricted to a lifetime maximum of \$1,500.00 to \$2,000.00 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 for orthodontia 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 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 Mother of Sean Voloch
Founder & Coordinator of Lifetime of Smiles Craniofacial Support Group





Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

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

Tuesday, March 31, 2015

Support for **HB 174 HD2: Relating to Health**

Support for H.B. 174, H.D. 2, to 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 Robert Voloch, parent of a son with a unique smile and 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 teenager 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 \$1,500.00-2,000.00 for orthodontic coverage. Obviously this is not sufficient for the multiple phases required for children with orofacial anomalies that can often exceed \$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. 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
Dad of Sean Voloch
Co-founder Lifetime of Smiles support group



**Twenty Eighth Legislature, 2015
State of Hawaii**

**Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means**

Eileen Matsumoto
Phone: # 808-294-2763

Tuesday March 31, 2015

Support for H.B. 174, H.D. 2. This 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 Eileen Matsumoto, a Registered Nurse with over thirty years' experience working within the private and public health care systems. There is a marked disparity of health insurance coverage for medically necessary orthodontic treatment for children with orofacial anomalies/birth defects who are covered by private/commercial health plans in Hawai'i.

I am testifying in strong support of H.B. 174 H.D. 2

The occurrence of cleft lip and palate is one in five hundred Hawai'i births. In 2013, the Hawaii Birth Defect Registry recorded 18,647 births. With a prevalence rate of one in five hundred, approximately 37 infants would be born with an orofacial anomaly such as cleft lip and palate.

According to the Kaiser Family Foundation's study of Health Insurance Coverage of Children 0-18, 56% of Hawai'i's children were insured through employer based health plans and other private plans. 35% were insured by Medicaid and 9% were insured by other public insurance programs (<http://kff.org/other/state-indicator/children-0-18/>). In Hawai'i, Medicaid has covered medically necessary orthodontic treatment of orofacial anomalies for many years. TRICARE insurance for military families covers medically necessary orthodontic treatment of congenital deformities that affect the face and the dental- alveolar arches for conditions such as cleft lip and palate, Pierre Robin Sequence, Hemifacial Microsomia and Treacher Collins Syndrome (TRICARE Policy Manual 6010.57-M, February 1, 2008, Chapter 8, Section 13.1 Adjunctive Dental Care).

The Hawai'i State Auditor's Report, No. 14-08, September 2014, reports sixteen states have passed legislation requiring health plans cover medically necessary orthodontic treatment of orofacial birth defects such as cleft lip and palate. Health insurance coverage would mitigate a significant financial hardship for working families by shifting the out of pocket costs by requiring health insurers to provide coverage for direct or consultative services by a licensed orthodontist. Medically necessary orthodontic treatment for orofacial anomalies is not used by a significant portion of the general population. The bill would provide substantial social benefit in exchange for a minimal cost to private insurers

The orthodontist must collaborate and coordinate treatment with a cleft lip and palate team or craniofacial center. In Hawai'i, cleft teams are located at three major hospitals: Kapiolani Medical Center for Women and Children, Kaiser Medical Center and Tripler Army Medical Center.

Support for HB174 HD 2 will require health insurance coverage for medically necessary orthodontic treatment of approximately 56% of children with orofacial birth defects/anomalies. This bill will provide parity for working families of children with orofacial anomalies who would face significant out of pocket costs for medically necessary orthodontic treatment.

Thank you very much for the opportunity to speak in strong support of H.B. 174 H.D.2 requiring health insurers to cover medically necessary orthodontic treatment of orofacial birth defects.

Eileen Matsumoto

**Twenty Eighth Legislature, 2015
State of Hawaii**

**Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means**

Eileen Matsumoto
Phone: # 808-294-2763

Tuesday March 31, 2015

Support for H.B. 174, H.D. 2. This 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 Eileen Matsumoto, a Registered Nurse with over thirty years' experience working within the private and public health care systems. There is a marked disparity of health insurance coverage for medically necessary orthodontic treatment for children with orofacial anomalies/birth defects who are covered by private/commercial health plans in Hawai'i.

I am testifying in strong support of H.B. 174 H.D. 2

The occurrence of cleft lip and palate is one in five hundred Hawai'i births. In 2013, the Hawaii Birth Defect Registry recorded 18,647 births. With a prevalence rate of one in five hundred, approximately 37 infants would be born with an orofacial anomaly such as cleft lip and palate.

According to the Kaiser Family Foundation's study of Health Insurance Coverage of Children 0-18, 56% of Hawai'i's children were insured through employer based health plans and other private plans. 35% were insured by Medicaid and 9% were insured by other public insurance programs (<http://kff.org/other/state-indicator/children-0-18/>). In Hawai'i, Medicaid has covered medically necessary orthodontic treatment of orofacial anomalies for many years. TRICARE insurance for military families covers medically necessary orthodontic treatment of congenital deformities that affect the face and the dental- alveolar arches for conditions such as cleft lip and palate, Pierre Robin Sequence, Hemifacial Microsomia and Treacher Collins Syndrome (TRICARE Policy Manual 6010.57-M, February 1, 2008, Chapter 8, Section 13.1 Adjunctive Dental Care).

The Hawai'i State Auditor's Report, No. 14-08, September 2014, reports sixteen states have passed legislation requiring health plans cover medically necessary orthodontic treatment of orofacial birth defects such as cleft lip and palate. Health insurance coverage would mitigate a significant financial hardship for working families by shifting the out of pocket costs by requiring health insurers to provide coverage for direct or consultative services by a licensed orthodontist. Medically necessary orthodontic treatment for orofacial anomalies is not used by a significant portion of the general population. The bill would provide substantial social benefit in exchange for a minimal cost to private insurers

The orthodontist must collaborate and coordinate treatment with a cleft lip and palate team or craniofacial center. In Hawai'i, cleft teams are located at three major hospitals: Kapiolani Medical Center for Women and Children, Kaiser Medical Center and Tripler Army Medical Center.

Support for HB174 HD 2 will require health insurance coverage for medically necessary orthodontic treatment of approximately 56% of children with orofacial birth defects/anomalies. This bill will provide parity for working families of children with orofacial anomalies who would face significant out of pocket costs for medically necessary orthodontic treatment.

Thank you very much for the opportunity to speak in strong support of H.B. 174 H.D.2 requiring health insurers to cover medically necessary orthodontic treatment of orofacial birth defects.

Eileen Matsumoto

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

Higa Family
99-859 Nahiolea St
Aiea, Hi 96701

Tuesday, March 31, 2015

Support for HB 174 HD2: Relating to Health

My name is Cathy Higa, I am a parent of a child born with a unilateral cleft lip and palate. My family and I are also a members of the Lifetime of Smiles Hawaii Support Group.

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 stated above, my daughter Samantha now 4 was born with a unilateral cleft lip and cleft palate. She recently had her first dental x-rays taken and we discovered that there is no descending permanent tooth in her cleft area. Within the next couple of years she will start her phase I of her dental procedures which is currently deemed "cosmetic" by the insurance companies. Her procedures will consist of a bone graph done when she is around 8 – 10 years of age, widen her upper jaw to correct her under bite, may need an implant or bridge to fill in the cleft area (Left Lateral Incisor), rotate one of her Central Incisors and braces. She will also need further speech therapy which is also an added cost. The dental procedures alone can cost anywhere from \$5000 - \$10000 out of pocket on dual coverage and ST can cost around \$500 a session. Working as a bookkeeper as a profession, this cost will put a huge strain on providing the care my child needs.

The first year of life for my daughter was a challenging one. She was born premature (32 weeks), spent her first 11 days in the NICU, and was on NG tube feedings before learning to use a Haberman feeder. Had two surgical procedures to repair her lip (4 months) and palate (10 months) and one procedure to insert tubes into her ears to prevent hearing loss (5 months). She had another surgery to place T-tubes at approximately 2 years of age because of inner ear congestion, recurrent ear infections and decreased hearing. Thanks to these procedures and countless hours of Speech and Occupational therapy many have witnessed the significant improvement in her appearance, eating, hearing, speech and motor skills. Overall her quality of life has improved significantly.

We were fortunate to have majority of the cost of these procedures covered by our medical, but the upcoming orthodontic procedures are currently not covered by insurance. These procedures are not cosmetic but are necessary for her development. Without these

next procedures her speech and eating will be affected drastically. With minimal to no insurance coverage for these procedures, I know I will struggle to be able to afford the proper care for my daughter's growing needs.

As a child I experienced being bullied and do not wish my child to go through the same experience because of her disability and appearance. Children at age 4 have already been asking why she a missing tooth, has a scar on her face and why her nose is crooked. Though these are only questions now, they will eventually turn into comments/teasing as she reaches her adolescents and we all know how cruel this age can be. I can only hope that these necessary procedures will help her grow-up to be a happy, healthy and confident young woman who will one day be an asset to our community.

I am just one of many families who struggle with the ever growing cost of care for our children with special health needs. How can we decline the care that will make such an improvement in the quality of life for our children? There are seventeen other states that have mandated coverage for these needed procedures, why can't we the State of Hawaii do the same? These children are our future; we need to do everything possible to give our future the best chances to thrive like any other non-cranial facial patient. So I ask you to please support HB 174 HD2 as my family and I strongly do.

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

Respectfully,

Higa Family





Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

Alma Sakagawa
808-222-9446

Tuesday, March 31, 2015

Support for HB 174 HD2: Relating to Health

My name is Alma Sakagawa and my former co-worker was born with a cleft lip & 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.

I understand the financial burden for working parents who have a child with a cleft lip & palate. The surgeries and the orthodontic work were a great financial burden to my friend's parents & many sacrifices were made. The passing of this bill will help these parents with the cost of the medically necessary orthodontic treatment.

I am hopeful that with the passing of this bill parents with young children will see the lessening of the financial burden put upon them by their child's birth defect.

Thank you for this opportunity to testify in strong support of House Bill HB 174 HD2.

Sincerely yours,

Alma Sakagawa

Twenty Eighth Legislature, 2015
State of Hawaii

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

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

Tuesday, March 31, 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. She is now five years old and attending preschool. At four months she had her first surgery to repair her lip and at that time, we were covered by Aloha Care Quest. 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. Passing this bill is important, not only for my family or families like us, but also for our daughter and her future due to the possibility that she too may have her own children that may be born with a cleft or orofacial anomalies. Our concern for our daughter is that she does not get teased or bullied in school due to how she looks or sounds different from other children which may lead to her having a low self-esteem. We hope that she can do her best at everything she decides to try and attain all that she can in life. We love her very much!!!

Mahalo Nui Loa for this opportunity and for your time,

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

From: [Gregg Hirohata-Goto](#)
To: [WAM Testimony](#)
Subject: Support for HB 174, HD2, Relating to Health
Date: Monday, March 30, 2015 8:47:41 AM

Dear Senator Tokuda,

I am writing you in support of HB 174, HD2, Relating to Health.

My name is Gregg Hirohata Goto. I am a State of Hawaii employee covered under the State's employee health plan. As the parent of a child who was born with a cleft lip and palate, I have personally gone through the roller coaster of emotions that a parent experiences when finding out their child will have to undergo multiple medical procedures to correct facial anomalies throughout their life. One of the causes for most of my worries is the uncertainty of what the financial cost of these medical procedures will be. Over the days, weeks and months following my son's birth I became more educated on how my child's condition would be treated and what resources were available to us. I was quite relieved that many of the medical procedures that my child would need to function normally were covered or at least partially covered by our health insurance plan; however, one that is not covered are the orthodontic procedures which he needs to have to fix his teeth structure and gums when he got older.

When my son was born, he had difficulty feeding because he did not have the capability to suckle with enough force due to his cleft lip and palate. Because of this, he began to rapidly lose weight and needed to be put on a high calorie formula diet using a specially designed bottle to compensate for his inability to suckle. After gaining sufficient weight, he was able to have surgery when he was 5 months old to correct his cleft lip; and later when he was a year old to correct the gap in his palate. These procedures enabled him to eat more normally. Every time I received a bill for his procedures I was grateful to see that most of his medical expenses were covered under our medical insurance plan.

My son is now 2 years old, active and is saying a few words. However, I have noticed he has difficulty in making a few sounds. When I was a language teacher, I studied a little about linguistics. I learned that creating many of the sounds that are necessary to talk come from manipulating the air coming out of your mouth with your tongue, nose and teeth and that anomalies in a person's mouth may impact the way a person sounds while speaking. My son has started seeing a speech therapist, and hopefully this will help him to advance his speaking abilities. However, the anomalies in his mouth like the gap in his upper gums and missing teeth may make it difficult for him to make certain sounds that are necessary to speak. The doctors have told me my son will need an additional surgery when he is around 7-8 years old to close a gap in his gums to fix his upper gum line (alveolar ridge) with a bone graft. After this surgery, orthodontic treatment will be necessary to straighten his teeth that are not

aligned because of the gap in his gums. Like through his prior surgeries, we are hopeful these procedures will correct the remaining issues my son has with speech and feeding. These orthodontic treatments are not currently covered by our health insurance because they are considered by the insurers as cosmetic in nature. To the contrary, I believe because displaced teeth and gums affect a child's speech, it appears that these orthodontic procedures are medical in nature and not cosmetic because they affect my son's speaking ability.

Over the past 2 years, I have come to realize how lucky I am to live in an era where modern medical procedures can assist a child to live normally. Unfortunately, these procedures are not cheap. With the cost of living as high as it is in Hawaii, families like my own who have children with cleft lip/palate would be greatly assisted with the added insurance coverage. As you have heard from others, the financial impact on insurance premiums is minimal and would improve the quality of life for families and children like mine who are affected by cleft-lip and palate. My greatest wish for my son is to live a happy and productive life as unaffected by his condition as possible.

I humbly ask for your support for passing HB 174, HD2.

Sincerely,

Gregg Hirohata Goto

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: laramats@gmail.com
Subject: Submitted testimony for HB174 on Mar 31, 2015 09:00AM
Date: Monday, March 30, 2015 7:26:53 AM

HB174

Submitted on: 3/30/2015

Testimony for WAM on Mar 31, 2015 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Lara Matsumoto	Individual	Support	No

Comments: Monday, March 30, 2015 To whom it may concern: My name is Lara Matsumoto and I am a registered nurse. I am writing in support of House Bill 174 HD2 relating to health, which would promote access to quality health care procedres in Hawaii by requiring health insurance companies to cover medically necessary orthodontic treatment for orofacial anomalies. The American Academy of Pediatric Dentistry and American Cleft Palate-Craniofacial Association both recommend comprehensive, multidisciplinary care for children with craniofacial anomalies, beginning at birth and continuing throughout development, for optimal outcomes and quality of life. Such care over many years can cause a financial hardship on Hawaii's families. It is important that medically necessary orthodontic treatments be covered by insurance to prevent complications and decreased quality of life for Hawaii's children. If untreated or undertreated, long-term complications may include respiratory, swallowing, and speech problems, which are far more costly to treat over the course of an individual's life compared to preventive treatments during childhood. To mandate insurance companies to cover these medically necessary treamtents is not only the right thing to do, but the smart thing to do fiscally for families and taxpayers. Respectfully, Lara Matsumoto, RN, MSN

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From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: gabe1991@yahoo.com
Subject: Submitted testimony for HB174 on Mar 31, 2015 09:00AM
Date: Monday, March 30, 2015 12:24:02 AM

HB174

Submitted on: 3/30/2015

Testimony for WAM on Mar 31, 2015 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Gabriel C. M. Lapid	Individual	Support	No

Comments: My name is Gabriel C. M. Lapid, a student at the John A. Burns School of Medicine. I would like to express my support for H.B. 174 H.D. 2. Given that requiring insurance companies to fund the medical treatment of orofacial abnormalities would increase insurance premiums by less than one dollar, passage of the bill would do much good with little to no harm. If my family members were born with orofacial congenital birth defects, I would hope that they could receive insurance coverage for their treatments. Please consider approving this bill to help our keiki and their families.

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To: [WAM Testimony](#)
Cc: dhusui@mail.com
Subject: Submitted testimony for HB174 on Mar 31, 2015 09:00AM
Date: Sunday, March 29, 2015 10:03:24 PM

HB174

Submitted on: 3/29/2015

Testimony for WAM on Mar 31, 2015 09:00AM in Conference Room 211

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

Comments: Honorable Senators, we the Usui family ask that you pass HB 174 HD2 in regards to health for the sake of our daughter Diane age 7 who was born with cleft lip and palate. She has had 6 surgeries relating to her oral facial disorder. 2 surgeries ago she a oral procedure that cost us up front over \$6400 w/o any insurance coverage, tho a claim was filed we have yet to receive any compensation to this day. It really put us in a financial hardship then. The insurance will help our daughter and others like her to have the corrective surgery needed so they can have better self esteem, live a healthier normal life, w/o being teased by their peers. W/o the insurance many families may have to move to another state just so that they can get the insurance to help cover such corrective procedures. If it was your child or someone you know who has such a child wouldn't you want me to pass such a measure to help you? HMSA is for this bill as it's not adding anything more to the ppremiums as the needs are few for this many children who have these disorders. Please pass this bill HB174HD2 for the sake and future of our children. Thank you. Sincerely the Usui family, David, Amy, and Diane (age 7) Usui

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From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: ikanagusuku@gmail.com
Subject: Submitted testimony for HB174 on Mar 31, 2015 09:00AM
Date: Sunday, March 29, 2015 5:05:05 PM

HB174

Submitted on: 3/29/2015

Testimony for WAM on Mar 31, 2015 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Leimomi Kanagusuku	Individual	Comments Only	No

Comments: I would like to provide testimony for this bill. As a medical student, I have become more aware of the struggles that many of these patients must endure. Not only is their personal health an issue, but so are finances. The cost to perform the necessary procedures is a heavy burden on families, especially those who have private insurance and high out-of-pocket costs. Please consider this bill to help cover the cost for those born with orofacial anomalies. Mahalo

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To: [WAM Testimony](#)
Cc: crkr@hawaii.edu
Subject: *Submitted testimony for HB174 on Mar 31, 2015 09:00AM*
Date: Sunday, March 29, 2015 3:27:12 PM

HB174

Submitted on: 3/29/2015

Testimony for WAM on Mar 31, 2015 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Caroline	Individual	Support	No

Comments:

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Cc: qng@hawaii.edu
Subject: *Submitted testimony for HB174 on Mar 31, 2015 09:00AM*
Date: Sunday, March 29, 2015 12:59:34 PM

HB174

Submitted on: 3/29/2015

Testimony for WAM on Mar 31, 2015 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Quinn Ng	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: jasmine.waipa@yahoo.com
Subject: *Submitted testimony for HB174 on Mar 31, 2015 09:00AM*
Date: Sunday, March 29, 2015 10:34:56 AM

HB174

Submitted on: 3/29/2015

Testimony for WAM on Mar 31, 2015 09:00AM in Conference Room 211

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

Comments:

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Cc: wmesiona@yahoo.com
Subject: Submitted testimony for HB174 on Mar 31, 2015 09:00AM
Date: Sunday, March 29, 2015 6:10:17 AM

HB174

Submitted on: 3/29/2015

Testimony for WAM on Mar 31, 2015 09:00AM in Conference Room 211

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

Comments: Dear Senator Jill Tokuda, This testimony is in strong support for H.B. 174 H.D. 2, Relating to Health which will promote accessibility to quality health care procedures for pediatric patients with orofacial anomalies and their families. Many of these patients require multiple interventions and procedures in order to correct the congenital anomaly. This bill would require Health insurance coverage of medically necessary orthodontic treatment, shifting 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. Please support this bill to provide the medically necessary health care services that all children with orofacial anomalies deserve. Sincerely, Winona K. Lee, MD

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