DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

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

Testimony COMMENTING on S.B. 236
RELATING TO HEALTH

SENATOR JOSH GREEN, CHAIR
SENATE COMMITTEE ON HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Hearing Date: February 6, 2015 Room Number: 414

Fiscal Implications: The proposed mandate for health insurance coverage of medically necessary orthodontic services for children with orofacial anomalies will reduce the financial burden for families whose health insurance does not cover such services. Based on the State Auditor's report, the financial impact on health insurers is expected to be minimal.

Department Testimony: The Department of Health (DOH) appreciates the intent of this bill to require health insurance coverage for medically necessary orthodontic services for children born with orofacial anomalies such as cleft lip and palate. The DOH prefers the language in S.B. 306 which includes a maximum benefit of $5,500 per treatment phrase.

In Hawaiʻi, the rate of children with orofacial anomalies is estimated to be one in every 500 births. Children with orofacial anomalies require orthodontic services as an integral part of the treatment process that also involves the pediatric dentist, oral maxillofacial surgeon, plastic surgeon, and other specialists. Children with orofacial anomalies may require up to three separate phases of orthodontic treatment due to changes in dentition and facial structure with maturity.

Without appropriate treatment, children born with orofacial anomalies such as cleft lip and/or palate experience long- and short-term problems, including feeding and growth, frequent ear infections, hearing loss, speech delays and difficulties, dental and orthodontic malocclusion, and social-emotional challenges.

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

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

As of July 2014, 16 states have laws requiring private health insurers to cover orthodontics used to treat cleft lip or palate, craniofacial disorders, or other birth defects requiring orthodontic treatment.

In Hawaiʻi, orthodontic treatment for orofacial anomalies is not generally available as a benefit covered by private health insurers; however, it is a benefit for eligible families who have Medicaid or TRICARE coverage.

Based on a DOH Children with Special Health Needs Program phone survey to orthodontists providing treatment for cleft lip and palate, the range in fees was $5,000 to more than $6,000 for the second and third treatment phases. A maximum benefit of $5,500 per orthodontic treatment phase (as in S.B. 306) seems appropriate.

Thank you for the opportunity to testify.

STATE OF HAWAIʻI
OFFICE OF THE AUDITOR
465 S. King Street, Room 500
Honolulu, Hawaiʻi 96813-2917

JAN K. YAMANE
Acting State Auditor

(808) 587-0800
FAX: (808) 587-0830

TESTIMONY OF JAN K. YAMANE, ACTING STATE AUDITOR ON SENATE BILL NO. 236, RELATING TO HEALTH

Senate Committees on Health and Commerce and Consumer Protection

February 6, 2015

Chair Green, Chair Baker and Members of the Committees:

I am Jan Yamane, Acting State Auditor. Thank you for this opportunity to testify in support of Senate Bill No. 236, relating to health, which follows our recommendation in Report No. 14-08, entitled *Study of Proposed Mandatory Health Insurance Treatment of Orofacial Anomalies*. The 2014 Legislature asked our office to assess the social and financial effects of mandating health insurance coverage for medically necessary orthodontic treatment of persons with orofacial anomalies, as proposed in House Bill No. 2522 (HB 2522), which is similar to Senate Bill No. 236 (SB 236).

The purpose of SB 236 is to promote quality health care procedures by requiring insurance coverage of medically necessary orthodontic treatment of orofacial anomalies. As proposed in HB 2522 last year, SB 236 establishes the maximum dollar-amount benefit per treatment phase at $5,000. The bill would mitigate a significant financial hardship for working families whose private medical insurance does not cover medically necessary orthodontic services for children born with orofacial anomalies. This includes cleft lip or palate or other birth defects of the mouth and face affecting functions such as eating, chewing, speech and respiration. The bill shifts out-of-pocket costs incurred by these families to the insurers, by requiring them to cover direct or consultative services by a licensed orthodontist, similar to families enrolled in programs administered by the Med-QUEST Division of the Department of Human Services. Although the effect on insurance premiums is unknown, cost and usage of orthodontic services to treat orofacial anomalies overall is not likely to increase because children requiring such services generally obtain the services, albeit often delayed until payment issues are resolved.

Thank you for the opportunity to testify in support of SB 236. I would be pleased to answer any questions that you may have.

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

February 6, 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: SB 236 – Relating to Health

The State Council on Developmental Disabilities (DD) **SUPPORTS THE INTENT OF SB 236.** The purpose of this bill is to promote quality health care procedures in the State by requiring insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

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

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

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

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

The Council appreciates the Legislature's initiative in addressing mandated coverage of medically necessary orthodontics by private health insurers. A similar bill, SB 306 – Relating to Health, also addresses insurance coverage for medically necessary orthodontic treatment of orofacial anomalies. We respectfully suggest for your consideration that SB 236 and SB 306 be consolidated into one bill.

Thank you for the opportunity to submit **supportive testimony for SB 236**.

Sincerely,

Waynette K.Y. Cabral
Rosie Rowe

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

Rosie Rowe
Chair

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
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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

Friday, February 6, 2015
1:15 p.m.

TESTIMONY ON SENATE BILL NO. 236 – 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 health insurers, mutual benefit societies, and health maintenance organizations to provide coverage of medically necessary orthodontic services for the treatment of orofacial anomalies resulting from birth defects or syndromes.

Notwithstanding proposed paragraph (g), 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.

Hawaii State Legislature
State Senate
Committee on Health
Committee on Commerce and Consumer Protection

State Senator Dr. Josh Green, Chair
State Senator Glenn Wakai, Vice Chair
Committee on Health

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

Friday, Feb. 6, 2015, 1:15 p.m. Room 414
Senate Bill 236 and Senate Bill 306 Relating to Dentistry

Honorable Chairs Dr. Josh Green and Rosalyn H. Baker, Vice Chairs Glenn Wakai and Brian T. Taniguchi, and members of the Senate Committee on Health and the Senate Committee on Commerce and Consumer Protection,

My name is Dr. Lynn Fujimoto and I am the president of the Hawaii Dental Association. For over thirty years I owned a practice in pediatric dentistry and since 2009 I have been the Associate Director for the Lutheran Medical Center's Pediatric Dentistry program, Hawaii Site, where I have ten residents in our two year postdoctoral program. As such, I am involved in the Kaiser Hospital's Craniofacial team which meets six times a year and consults with other disciplines such as plastic surgery, orthodontics, genetics, on patients with cleft palate disorders and other orofacial anomalies.

We see first hand the malocclusions caused by the cleft palate and the life long struggle that these patients undergo that affect their appearance as well as speech. Many require numerous surgeries including taking bone grafts from their hip as well as several orthodontic treatments.

There is no price that can pay for increasing one's self-esteem and these children whose parents have private insurance carriers should not be denied treatment due to cost. Therefore, the Hawaii Dental Association supports the passage of this legislation and wants to give all Hawaii's keikis a beautiful smile.

Hawaii State Legislature
State Senate
Committee on Health
Committee on Commerce and Consumer Protection

State Senator Dr. Josh Green, Chair
State Senator Glenn Wakai, Vice Chair
Committee on Health

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

Friday, February 6, 2015, 1:15 p.m. Room 414
Senate Bill 236 Relating to Health

Honorable Chairs Dr. Josh Green and Rosalyn H. Baker, Vice Chairs Glenn Wakai and Brian T. Taniguchi, and members of the Senate Committee on Health and the Senate Committee on Commerce and Consumer Protection,

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 Senate Bill 236 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 found to 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 problem 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.

1319 Punahou Street
Honolulu, Hawai'i 96826-1001

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

808-983-6000
www.kapiolani.org

Friday – February, 6, 2015; 1:15 pm
Conference Room 414

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: SB 236 Relating to Health
Testimony in Support

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

I write in support SB 236 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. The Auditor's report further concluded that per the Department of Health's Children With Special Needs Branch, the amount of $5,500 better reflects average costs of treatment. 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.

We respectfully request that the maximum amount be increased to $5,500 as reflected in the Auditor's report. Thus, we strongly support health insurance coverage for the treatment of orofacial anomalies, and ask your Committee to pass this measure with the minor amendment referenced above.

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
Senate Committee on Health

R. Michael Hamilton, MD, MS, FAAP
President, Hawaii Chapter of the American Academy of Pediatrics
2828 Paa St. Mapunapuna Clinic
Honolulu, Hawaii, 96819

FRIDAY, FEBRUARY 6TH AT 1:15 P.M. ROOM 414.

Support for S.B. 306, Relating to Health

The Hawaii Chapter of the American Academy (HAAP) is in strong support of S. B. 306 relating to health which would promote quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

Children who are born with orofacial anomalies and their families face significant medical, psychosocial and financial challenges which can have a lifelong impact. The continuum of care that these vulnerable patients require includes both medical teams as well as orthodontic specialty care. This orthodontic care is not simply cosmetic. It is needed to maximize quality of life outcomes for these complex patients.

The financial burden for this care can be dramatic. This bill would help to ease the financial impact on these unfortunate patients and their families.

HAAP, an organization whose primary purpose is to promote the health and wellbeing of infants, children and adolescents is in strong support of S.B. 306.

Sincerely,

R. Michael Hamilton, MD, MS, FAAP

Twenty Eighth Legislature, 2015
State of Hawaii

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

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

Benjamin Reder
3045 Pualei Cir. Apt 310
Honolulu, HI 96815

06 February 2015

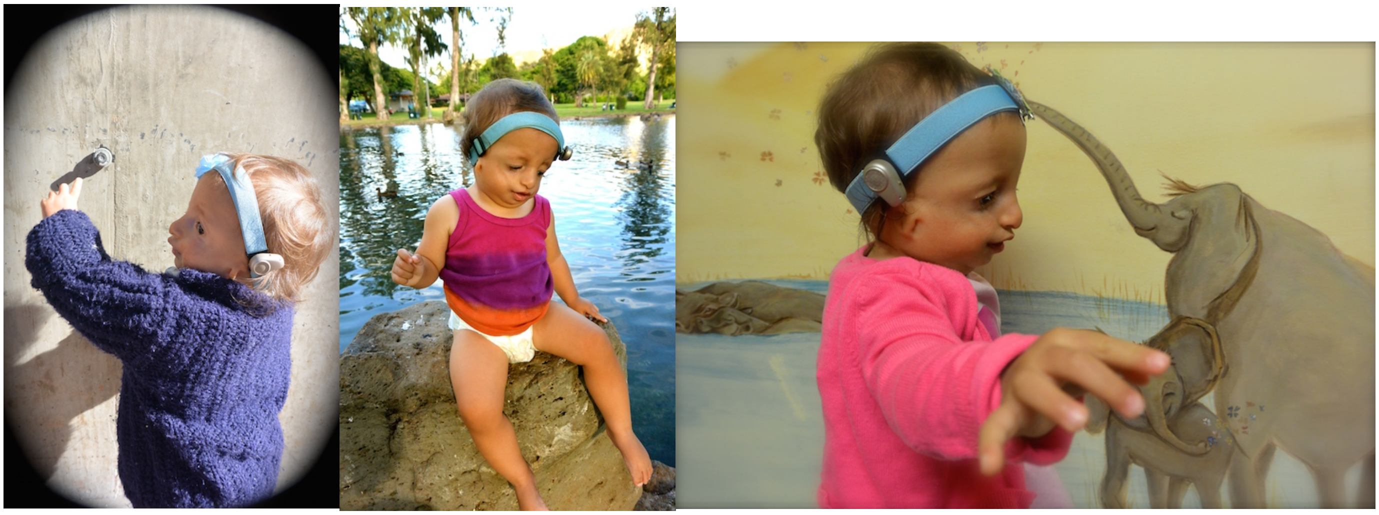
Support for SB 236, Relating to Health

My name is Ben Reder. I am providing testimony on behalf of my family in strong support of support of SB 236, relating to health, which would promote quality health care in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

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 jaw bones 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 SB 236.



From: David Usui
To: HTHTestimony
Subject: support of SB 236 and SB 306
Date: Wednesday, February 04, 2015 9:01:03 PM
Importance: High

Twenty Eight Legislature 2015
State of Hawaii

Senator Brian Taniguchi, Chair
Senator Josh Green, Vice Chair
Senate Committee on Health

David Usui
94-308 Malana place Mililani, Hi 96789
721-5220 / 625-7499

Feb 6, 2015
Support of S.B. 236 Relating to Health.
Introduction:
Good Morning my name is David Usui and I'm a parent of a child who has oralfacial anomalies or known as cleft lip and palate. I am submitting this testimony in favor of S.B. 236 which would promote quality health care procedures in the State by requiring health coverage for medically necessary orthodontic treatment of oralfacial anomalies.
Content:
Why am I in favor of this passing this bill? It is that without insurance coverage on this type of medical procedure it will place a Huge financial hardship on the families that have to deal with these anomalies. Living in Hawaii is already expensive with the high cost of everything around us whether it be mortgage, rent, food, medical bills, products, utilities, parking rates etc, and to have pay out of pocket for the necessary corrective surgery so our children can live a healthy normal looking life, it's very expensive and many families including ours, just survives on a month to month basis. Having to pay for out of pocket expenses for this type of care will truly just had more hardship to families that have children with these birth defects through no fault of their own, will add even more burdens to a already struggling family.
Our daughter whom we adopted from China knowing she had a cleft issue is now 7, and has undergone 5 operations to correct her cleft lip, cleft palate and her flangeal flap which now has caused her to develop sleep apnea and will undergo a 6th surgery to correct this in 2 weeks. So picture this girl of 7 who will be undergoing her 6th surgery in her 7 yrs of life. Most of these were covered but still had to pay, but last years surgery was totally up front payment. We had to charge it by credit card since it was needed fast and of course now we have to pay the card and interest which makes her surgery even more expensive by the time we repay the card it will have costed us over the $6400 by far, maybe over $9000 due to the interest.

Having this type of oral facial anomalies has also caused her to have speech delays, she has also suffered a moderate hearing loss in her right ear in part related to her lack of a palate in her mouth. She has had a "appliance" in her mouth to create space for her upcoming permanent teeth which is coming out in the next few years.

Last September she had a oralfacial procedure done in which a bone graft from her hip had to be placed within her mouth where she had no bone due to her cleft lip and palate and grafted in her upper jaw line so that her permanent teeth could fall into place and take root into the bone line. Now our pretty little girl has a 2 inch scar on her left hip. It was very hard to see and emotional after the surgery. And because of no type of insurance to cover this type of operation we had to pay up front first over $6400 file a claim with HMSA hoping to recover a portion of what we paid and to this day have not received any claim from that.

She probably will need more orthodontic care to fix her teeth as they take root (No pun intended) in the future. Tho in the mouth I believe that this type of birth defect/ anomaly is not a dental type of corrective surgery. But it is to give our child and other children a sense of normalcy as they grow up and not break their parents bank account in the process of having to pay out of pocket expenses for something the family or child couldn't prevent from happening. I believe that there are a lot of states on the mainland that do have such type of insurance coverage.
Imagine this child at age 7 is going to have 6 surgeries so far, with more to come, has to sleep with

a cpap machine due to sleep apnea, has tubes in her ears, suffered moderate hearing loss and has to wear a hearing aide and again will be needing orthodontic care in the foreseeable future.

Closing:
In closing honorable Senators I again would like to state my testimony for passage of this bill as it would ease the financial hardships of ours and many other families whose child has to deal with these oralfacial anomalies. Let me leave you with this thought. What if the roles were reversed and you had or someone close to you had a child with oralfacial anomalies and you had to pay out of pocket expenses just so that your child can be on par with his or her peers in speech and even in self esteem. Would you be facing financial hardship? Would you have to look for another job, or relocate to a state that has such insurance covereage for such procedures this I ask humbly of you to PLEASE pass this bill. Thank You.

Sincerely,
David Usui

Twenty Eighth Legislature, 2015
State of Hawaii

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

Eileen C. Matsumoto
237 Kaiolohia Place
Honolulu, HI 96825
#808-294-2763

February 6, 2015

Support of S.B. 236, Relating to Health

My name is Eileen Matsumoto and I have been working as a Registered Nurse for over thirty five years; both in the private and public sectors. The cost of health care is very high. For families whose children have a cleft lip and palate, the range of medical, dental and other services can exceed $100,000 from birth until late adolescence.

I am testifying in support of S.B. 236 which requires each individual or group accident and health or sickness insurance policy and hospital or medical service contract issued or renewed after December 31, 2015, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

For working parents, whether single or a couple, or parents working several part time jobs, the out of pocket expense for orthodontic treatment for their children with cleft lip and /or palate is a <u>significant cost that can range from $5,700 up to $20,000</u>. There may be up to three separate phases of orthodontic treatment related to the cleft condition. In between orthodontic treatments there is often surgical correction of the cleft site between the teeth where no bone ever developed. Orthodontic treatment is an integral part of **medical** treatment to correct the birth defect, therefore medically necessary.

Fees for comprehensive orthodontic treatment can range from $5,000 to $6,000 depending on the complexity of the treatment. This may or may not include pre-treatment fees; panoramic and cephalometric x-rays, study molds or photos that can average $300 or more for treatment planning. Treatment fees cover the entire duration of treatment which can last 18 months or longer.

The Hawaii Medicaid Program already provides coverage for medically necessary orthodontic treatment for eligible children with orofacial anomalies. The ACA requires pediatric oral health include medically necessary orthodontic treatment.

Support for SB 236 will address the disparity in health coverage for children covered under private/commercial health plans and promote quality health care. Thank you for this opportunity to testify in support of this bill.

Twenty Eighth Legislature, 2015
State of Hawaii

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

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

Grace Miyata
P O Box 185
Kealakekua, Hawaii 96750

February 6, 2015

Support for S.B. 236, Relating to Health-

My name is Grace Miyata and I have been a social worker working with children with special health needs for over 29 years on Hawaii Island. I would like to provide testimony in support of S.B. 236 as it will greatly help working families with private insurance secure medically necessary orthodontic services for their children born with orofacial anomalies. Passage of this bill will ensure all children with orofacial anomalies receive the timely treatment they need and assure uninterrupted care and adherence to their medical treatment plan. Children who are covered by Medicaid continue to have coverage for medically necessary orthodontic treatment. The 2014 state auditor's report reiterates medically necessary orthodontia coverage should be a mandatory benefit to all children born with orofacial anomalies, specifically children covered under their private insurance plan. It also notes overall cost would be minimal compared to the substantial difference timely orthodontia treatment would make in a child's overall health status.

Families often anguish over their inability to afford the high cost of their child's medically necessary orthodontic treatment. They know or have been told they will receive an automatic denial from private insurance plans when it is time for their child to enter the orthodontic phase of treatment. Families portray such strong fronts for their children, push aside their own fears and insecurities about the future, in order to whole heartedly support their child through years of surgeries, countless hours of travel and time spent at medical specialty offices and other therapeutic interventions. Mandating health plans to provide orthodontic coverage for children born with orofacial anomalies will do so much to support these selfless parents and caregivers striving only to help their child obtain the highest levels of physical and emotional well-being possible through each phase of treatment and beyond.

Thank you for this opportunity to provide testimony in support of S.B. 236.

Grace Miyata

Twenty Eighth Legislature, 2015
State of Hawaii

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

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

February 6, 2015

Support for S.B. 236, Relating to Health

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

I am testifying in favor of SB 236 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 cleft through the alveolus. Without pre-surgical orthodontics to prepare the child with a cleft, 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 which require pre-surgical orthodontics in order to prepare them for jaw surgery. Without the orthodontic work, they may not be able to undergo jaw surgery, which would improve eating, chewing, swallowing, breathing, and speaking.

I am in favor of SB 236 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 a cleft or orofacial anomaly. By mandating coverage, it decreases the potential for delayed treatment for children born with a congenital anomaly.

Twenty Eighth Legislature, 2015
State of Hawaii

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

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

Support for S.B. 236, Relating to Health

My name is Dr. Kelli-Ann Frank Voloch, Parent of a child with an original unique smile! I'm privileged to coordinate the Lifetime of Smiles Cleft lip and palate support group at Kapiolani Medical Center for the past five years, a Pediatrician at the Waianae Coast Comprehensive Health Center for nearly fifteen years, and an Assistant Professor at the University of Hawaii John A. Burns School of Medicine for approximately ten years. I am providing this letter to request your strong support in favor of **S.B. 236** which would promote quality health care procedures in the State by requiring health coverage for 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 for orthodontia. Obviously this is not sufficient for the multiple phases required for children with orofacial anomalies and the financial hardship is significant for middle class families. 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. Sixteen states already mandate health insurance coverage for orthodontic services to children with cleft lip and palate and orofacial anomalies.

The social impact of S.B. 236 will improve health outcomes of children with cleft lip and palate. 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 medical treatment due to the congenital birth defect. Remember Med-Quest program of DHS already covers these services for children with orofacial anomalies. This is a disparity in health coverage!

Thank you and aloha for this opportunity to support of SB 236, 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,

Kelli-Ann Voloch, MD

State Capitol
State of Hawaii

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

House Committee on Commerce and Consumer Protection
Twenty-eighth State Legislature, 2015

Kim and Jerry Virtudazo
February 2, 2015

RE: SB 236 – Relating to Health

Dear Senator Rosalyn Baker, Senator Brian 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 two year old son was born with a severe cleft lip and cleft palate. I am here to provide testimony in support of SB 236, which would promote quality health care procedure in the State by requiring health coverage for medically necessary orthodontic treatment of orofacial anomalies.

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

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

Without this surgery, our son's speech, feeding, swallowing, self-esteem, etc. will be affected. The State and Federal government recognizes that the surgery is medically necessary, covering it under MedQuest and Medicaid, it's time that the private insurance companies do the same. I humbly ask you to please support SB 236.

Thank you for this opportunity to testify and please pass SB 236.

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

5 February 2015

To whom it may concern:

I am writing in strong support of Senate Bill 236, which would require health insurance companies to cover orthodontic treatment for orofacial anomalies. Care for individuals with orofacial anomalies requires a team-based approach including medicine, dentistry, nursing, speech therapy, audiology, otolaryngology and other disciplines.

Orthodontic treatment is an essential part of caring for this patient population. For working families, the expenses related to such treatment can be considerable. Orthodontic treatment is deemed medically necessary to prevent long-term complications; such complications not only impair functioning and decrease quality of life, but also add up to far higher expenditures on health care in the future. If long-term complications and increased need for constant rehabilitative services and surgeries can be circumvented by preventive measures taken early in life, everyone (patients, families, communities, tax payers, etc.) will benefit in the long run.

Respectfully,
Lara Matsumoto, RN, MSN

Twenty Eighth Legislature, 2015
State of Hawaii

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

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

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

February 6, 2015

Support of S.B. 236, Relating to Health

My name is Melissa Ann Newberg and my husband Max and I are the parents of three wonderful and happy children. Our middle daughter, Alena, was born with a cleft lip and palate and we would like to urge you to support S.B. 236 for all children born with orofacial anomalies who are covered by private health insurance.

Alena is seven and we are beginning the long journey of orthodontic treatment. Because Alena was born with orofacial anomalies, orthodontic treatment is not cosmetic in nature. It is another phase in Alena's medical treatment plan. Orthodontic treatment is timed to solidify all the past surgeries and procedures she has had so far. We have been both dreaded and looked forward to Alena's orthodontic phase. Positives for Alena include building upon previous reconstructive work to mitigate the functional difficulties she has had in speech, dental problems and rectifying mal-positioned oral structures. Luckily, Alena recognizes all of her hard work and suffering has been toward optimal health and functioning. Unfortunately, the high cost of orthodontic treatment will be a hardship for our family. Our private insurance does not cover orthodontic treatment and we have not been able to change the health plan's viewing all orthodontic treatment as cosmetic. This seems unreasonable in view of Alena's past medical history, surgeries, struggles and absolute adherence to her medical treatment plan.

As we urge you to support S.B. 236, please remember potential life long physical and social-emotional cost to children born with orofacial anomalies should medically necessary orthodontic treatment be denied in lieu of cost. All children deserve an equal chance to thrive in the world and private insurance companies have failed to look beyond this with an automatic denial of orthodontic treatment. Children who have Medicaid insurance are covered for medically necessary orthodontic treatment. Please help private insurance companies understand their obligation to cover medically necessary orthodontic treatment for children born with orofacial anomalies. Thank you for this opportunity to provide testimony in support of SB 236.

Melissa and Max Newberg

Twenty Eighth Legislature, 2015
State of Hawaii

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

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

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

February 6, 2015

Support for S.B. 236, Relating to Health

My name is Michele Elbertson and I am the proud parent of Sammy who was born with an orofacial anomaly including a cleft palate and small jaw. Sammy had his latest surgery last year and is now ready for the orthodontic phase of his treatment plan. We have come a long way and have relied on Sammy's craniofacial specialty team at Kapiolani Hospital to guide us with his medical treatment plan.

I am in support of S.B. 236 requiring health insurance coverage of orthodontic treatment for orofacial anomalies. The bill would make it possible for all children born with orofacial anomalies, like Sammy, to get coverage for the orthodontic phase of their treatment plan. Without orthodontic treatment, Sammy's will not get the needed care and the successful restructuring in his past surgeries will certainly be compromised. Sammy continues to make improvements in overall physical and emotional health and orthodontic treatment paired with last year's palate surgery, (and previous surgeries), will vastly improve Sammy's speech and his ability to be understood by his peers in school and in the community.

I urge you to support S.B. 236 so other children born with orofacial anomalies can move forward with the orthodontic phase of their medical treatment plan. Do not let a child's progress be hampered by something totally out of their control and possibly compromise the progress of the hard work and sacrifices already made by the child and family. Thank you for the opportunity to provide written testimony in support of S.B. 236.

Michele Elbertson

Samuel Cronk

Peter and Lee Ann Trang
1244 N School Street
Honolulu, HI 96817
February 4, 2015

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

The Honorable Josh Green, Chair
Senate Committee on Health

Re: SB 236 Relating to Health

Dear Senator Green and Members of the Committee:

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 SB 236 Relating to Health.

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.

Thank you and aloha for this opportunity to testify in support of SB 236 to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

Best Regards,
Peter, Lee Ann and Lincoln Trang

Twenty Eighth Legislature, 2015
State of Hawaii

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

Support for S.B. 236, 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 **S.B. 236** which would promote quality health care procedures in the State by requiring health coverage for 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 **S.B. 236** 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 S.B. 236, 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!!!

Twenty Eighth Legislature, 2015
State of Hawaii

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

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

February 6, 2015

Support for S.B. 236, Relating to Health

To the Honorable Josh Green, the Honorable Glenn Wakai, and Members of the Senate Committee on Health

I **strongly support** S.B. 236, which requires 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 Hawaiʻi 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 S.B. 236. 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 S.B. 236.

Sue Jean Hasegawa - Mother of a woman with a cleft lip and palate

95-211 Pililua Place, Mililani, HI 96789
808-623-6790

Twenty Eighth Legislature, 2015
State of Hawaii

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

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

Vivian Realista
Armando Realista
Kapaau, Hawaii

February 6, 2015

Support of S.B. 236, Relating to Health

My name is Vivian Realista. My husband and I are the proud parents of our son Armando Realista, age 17. Armando was born with an orofacial anomaly called Treacher Collins Syndrome. Armando will be graduating from Kohala High School this year and is looking forward to college in the fall.

We are providing testimony in support of S.B. 236 and understand first hand the importance of medical coverage for medically necessary orthodontic treatment because Armando is now ready to begin his orthodontic treatment. Armando has had several surgeries and procedures, over the years, leading up to this phase of orthodontic treatment, including several complex and painful surgeries. Armando's medical treatment plan is developed and regularly reviewed by the Kapiolani Craniofacial and Cleft clinic specialists. Following completion of orthodontic treatment, Armando will then be ready to close his tracheostomy. Without the orthodontic treatment and oral structure repositioning, Armando could never look forward to having his tracheostomy permanently closed. We could never afford the cost of orthodontic treatments and are fortunate because medicaid will cover Armando's orthodontic treatments. We know of other children who are covered by their parent's private insurance, and their parents won't be able to afford the orthodontic treatments without tremendous hardship. Their child's treatment plan will be frozen and the child cannot get to the next phase of repair. Many of these children, are like Armando and have already gone through multiple painful surgeries just getting ready for the orthodontic phase of their treatment plan. These children and their families need your help.

We would like to urge you to please support all families with private insurance who have a child needing medically necessary orthodontic treatment by supporting S.B. 236. You have the power to help all children born with orofacial anomalies get the treatment they need to continue on with their medical plan of care. Thank you for allowing us to submit written testimony in support of S.B. 236.

Vivian and Armando Realista