



**STATE OF HAWAII**  
STATE COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
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February 1, 2013

The Honorable Della Au Belatti, Chair  
House of Representatives Committee on Health  
Twenty-Seventh Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Representative Belatti and Members of the Committees:

**SUBJECT: HB 1220 – RELATING TO PEDIATRIC DENTAL HEALTH  
COVERAGE**

The State Council on Developmental Disabilities (DD) **SUPPORTS HB 1220**. The purpose of this measure is to ensure pediatric dental benefits are included in all plans sold in Hawaii's Connector.

The Affordable Care Act (ACA) makes important improvements intended to increase access to dental coverage for children. For the child, a minimum set of benefits known as the essential health benefits (EHB) will be available in 2014 through ACA. The ACA requires that pediatric dental benefits be offered in a qualified health plan. However, the benefits are not required to be purchased in Hawaii's Health Connector.

For this reason, we support the proposed language to include pediatric dental benefits as provided under the Federal Act as indicated on page 4, lines 14-15.

Thank you for the opportunity to submit testimony in **support of HB 1220**.

Sincerely,

  
Waynette K.Y. Cabral, MSW  
Executive Administrator

# HDS

## Hawaii Dental Service

January 31, 2013

**TO:** HOUSE COMMITTEE ON HEALTH  
Representative Della Au Belatti, Chair  
Representative Dee Morikawa, Vice Chair

**FROM:** Faye W. Kurren  
Hawaii Dental Service, President and CEO

**RE:** HB 1220, Relating to Pediatric Dental Health Coverage  
Position: Oppose

Dear Chair Au Belatti, Vice Chair Morikawa and members of the Committee:

Hawaii Dental Service (HDS) appreciates the opportunity to testify on HB 1220. We oppose this bill because it would limit choices for Hawaii residents who now overwhelmingly purchase medical and dental benefits separately by requiring them to purchase pediatric dental benefits on the Hawaii Connector exclusively through their medical plans. Further, the bill violates Section 1311(d)(2)(B)(ii) of the Affordable Care Act which states:

“Each Exchange within a State shall allow an issuer of a plan that provides limited scope dental benefits meeting the requirements of section 9832(c)(2)(A) of the Internal Revenue Code of 1986 to offer the plan through the Exchange (either separately or in conjunction with a qualified health plan) if the plan provides pediatric dental benefits meeting the requirements of section 1302(b)(1)(J).”

The intent of the ACA and Act 205 is to provide a competitive marketplace for individuals and employers to directly compare and purchase private health insurance options on the basis of price, quality and other relevant factors. The ACA specifically provides for stand-alone dental plans to be offered on state exchanges to promote competition by increasing the number of qualified health plans capable of offering the ten essential health benefits. The bill as drafted will preclude stand-alone dental plans, which currently provide 97% of the dental benefits in the United States, from competing with medical plans for pediatric dental coverage in the Hawaii Connector. In order to meet the goals of the ACA and Act 205, medical and dental benefits should be priced separately to have full and transparent disclosure of the pediatric dental benefit and its pricing, so the consumer can compare and make an informed

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choice. Studies show that when dental benefits are embedded in medical plans, consumers are often not aware of the dental benefits and do not take advantage of them despite having paid for them.

Today most Hawaii residents choose HMSA for their medical plan and choose HDS for their dental plan. This bill would no longer allow that choice for children and would be especially impactful on the neighbor islands where HDS provides a significantly larger network of general dentists and specialists when compared to any other dental network.

If the purpose of HB 1220 is truly to ensure that Hawaii's children have pediatric dental coverage, then the answer is not to limit the marketplace to issuers which embed pediatric dental benefits into their medical plans, but to open the marketplace up to any and all qualified dental plans and qualified health plans who will compete vigorously and allow consumers to make an informed choice for their children by comparing price, quality and other relevant factors as provided in the ACA.

We appreciate the opportunity to provide this testimony. Thank you.

# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 1, 2013

The Honorable Della Au Belatti, Chair  
The Honorable Dee Morikawa, Vice Chair  
House Committee on Health

**Re: HB 1220 – Relating to Pediatric Dental Health Coverage**

Dear Chair Belatti, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1220 which require all health plans sold in the Hawaii Health Connector to include pediatric dental benefits. HMSA supports this Bill.

The Center for Disease Control found that childhood tooth decay, despite being preventable, remains the most common chronic disease among American children. In light of this, the US Surgeon General called for increased attention to oral health as a core component of overall health and for the need to reduce oral health disparities.

Better oral health outcomes can be achieved at lower cost if dentally-necessary care is initiated early in childhood, and the Affordable Care Act (ACA) provides an unprecedented opportunity to address the oral health needs of our keiki. The single most significant step toward achieving this is the inclusion of a mandated pediatric dental benefit as part of the essential benefits package. The potential benefit of this mandate includes:

- better overall health at lower cost;
- greater health equity;
- enhanced capacity for millions of children to grow, eat, play, and learn;
- improved general health throughout the lifespan; and
- potential reductions in premature births.

In mandating that pediatric services include oral health care, Congress fully recognized that a child's overall health was not at the exclusion of the child's oral health. We now need to ensure that the ACA is implemented in a way that maximizes the opportunity to realize improved oral health for our keiki.

Unfortunately, recent federal guidance on the ACA provides a challenge to achieving that goal. While pediatric dental benefits are required to be offered in the health exchange, there is not mandate to purchase those benefits through the exchange. Those regulations, however, conversely mandate pediatric dental benefits to be embedded in a health plans sold outside of the exchange. This creates an inequity between plans offered within the exchange and plans offered outside of the exchange.

HB 1220 ensures that all health plans offered both within and outside of the Hawaii Health Connector will include exactly the same set of essential health benefits.

Thank you for the opportunity to offer our support for HB 1220.

Sincerely,

A handwritten signature in black ink, appearing to read "JD", with a long horizontal flourish extending to the right.

Jennifer Diesman  
Vice President, Government Relations



**HPCA**

HAWAI'I PRIMARY CARE ASSOCIATION

**House Committee on Health**

The Hon. Della Au Bellati, Chair

The Hon. Dee Morikawa, Vice Chair

**Testimony on HB1220**

**Relating to Pediatric Dental Health Coverage**

**Submitted by Robert Hirokawa, Chief Executive Officer**

**February 1, 2013, 8:30am, Room 329**

The Hawai'i Primary Care Association, which represents community health centers in Hawai'i, **supports with reservations**, HB1220, Relating to Pediatric Dental Health Coverage.

The goal of the bill is to decrease rates of tooth decay among children. This is of paramount importance here in Hawaii, where tooth decay in children is twice as high as that for children living on the mainland. As a point of reference, 19 percent of six year olds in Hawaii are entirely free from cavities compared to over 94 percent of mainland children.

Statistics show unequivocally that there is a direct correlation between the rate of tooth decay in children and the percentage of children covered by dental insurance. Uninsured children are 2.5 times less likely to receive dental care than their insured counterparts and are reported to have three times the need. For those reasons, the Hawaii Primary Care Associations supports including pediatric dental coverage in the Hawaii Health Connector.

At the same time, we would like to raise some concerns regarding the increased cost that adding such coverage would pass along to consumers. As with any plan that offers a more robust package, it bears to reason that monthly premiums will be raised accordingly. Many families, especially those recently disenrolled from Medicaid or those currently uninsured, will barely be able to afford coverage as is. A family of four currently residing at 134% of the Federal Poverty Level, the level at which individuals and families go into the Connector, brings home approximately \$36,000 a year. Raising the baseline premium amount by including pediatric dental could make it that much more difficult for them to afford.

We thank you for the opportunity to testify on HB 1220.