



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
March 19, 2014

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

Dear Representative Au Belatti and Members of the Committee:

SUBJECT: HCR 100 and HR 74 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES

The State Council on Developmental Disabilities **SUPPORTS HCR 100 and HR 74**. The purpose of the resolutions are to request the Auditor to: 1) conduct an impact assessment in accordance with Sections 23-51 and 23-52, Hawaii Revised Statutes (HRS), on the mandatory health insurance coverage of orofacial anomalies as proposed by House Bill 2522 (Regular Session of 2014), and 2) submit findings and recommendations to the Legislature, including any necessary implementing legislation, no later than 20 days prior to the convening of the Regular Session of 2014.

The Council is aware that Section 23-51, HRS, 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.

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

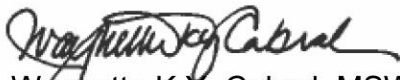
The Honorable Au Belatti
Page 2
March 19, 2014

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 and looks forward to the results of the Auditor's report.

Thank you for the opportunity to present testimony in **SUPPORT of HCR 100 and HR 74.**

Sincerely,


Waynette K.Y. Cabral, MSW
Executive Administrator


J. Curtis Tyler, III
Chair

Testimony of John Kirimitsu

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

LATE

March 19, 2014
8:30 am
Conference Room 329

HCR 100/HR 74 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES

Chair Belatti and committee members, thank you for this opportunity to provide testimony on HCR100/HR74 requesting an auditor study regarding coverage for treatment of orofacial anomalies.

Kaiser Permanente Hawaii supports this resolution.

We think the information from this study will be very useful to all those working with children with orofacial anomalies and their families. With this report the legislature can consider how they can best participate in assuring appropriate care is available for patients needing it. That being said, Kaiser supports a legislative audit to conduct an impact assessment report, to assess among other things:

- a) the extent to which this mandated insurance coverage would be reasonably expected to increase the insurance premium and administrative expenses of policy holders;
- b) the impact of this mandated coverage on the total cost of health care; and
- c) consider whether any part of this mandated coverage should be covered under a policy holder's dental insurance coverage.

Thank you for your consideration.



55 Merchant Street
Honolulu, Hawai'i 96813-4333

HAWAI'I PACIFIC HEALTH
Kapi'olani • Pali Momi • Straub • Wilcox

808-535-7401
www.hawaiiipacifichealth.org

Wednesday, March 19, 2014 – 8:30 am
Conference Room 329

The House Committee on Health



To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair

From: Virginia Pressler, MD, MBA
Hawai'i Pacific Health

Re: HCR 100/HR 74 – Requesting The Auditor To Assess The Social And Financial Effects Of Requiring Health Insurers To Provide Coverage For Medically Necessary Treatment Of Orofacial Anomalies.

Testimony in Support

My name is Virginia Pressler, MD, MBA. I am the Executive Vice President and Chief Strategic Officer for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-government employer. It is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

I write in support of HCR 100/HR 74. The rate of children with orofacial anomalies such as cleft lip or cleft palate in Hawaii is estimated to be one in five hundred. Orthodontic treatment is a critical component of care in these cases. Without orthodontic treatment, individuals with orofacial anomalies experience serious functional deficiencies in chewing, swallowing, respiration, speech, unstable or malpositioned oral structures, and premature tooth loss. For many families, the expense for this type of treatment is not affordable.

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. This resolution is a step toward parity with the Medicaid program and aligning Hawaii with other states.

Thus, we strongly support health insurance coverage for the treatment of orofacial anomalies and are supportive of allowing the auditor to conduct an assessment of such coverage.

Thank you for the opportunity to provide this testimony.



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

The Honorable Representative Della Au Belatti, Chair and
The Honorable Representative Dee Morikawa, Co-Chair
House Committee on Health
Twenty-Seventh Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

March 17, 2014

HCR100 and HR74: Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

My name is Michele Elbertson. **I am providing written testimony in strong support of HCR 100 and HR 74:** Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

My son, Sammy, was born with an orofacial anomaly including a cleft palate and small jaw. He is now six years old and a very familiar personality at Kapiolani Hospital. Sammy has many wonderful medical specialists including an ENT for his many ear tube placements, a plastic surgeon who repaired his cleft palate, audiologists, speech therapists and many others. As part of his coordinated care plan, he will need to eventually begin orthodontic care and have a possible second surgical procedure in the near future. Orthodontia coverage is certainly not just a cosmetic procedure for Sammy and other children with orofacial anomalies. We have come a long way and have relied on his medical team to develop his excellent medical plan of care. We take each day, a day at a time and we can see things are getting better for Sammy. However, paying for orthodontia care will be a great financial hardship and I am torn because this next step is critically important for Sammy. Please help me continue to provide Sammy with the medical care he needs by supporting this bill. I know many other families worry as I do, when they think about affording to pay the average \$10,000-\$15,000 cost of their child's medically necessary orthodontia treatment.

Thank you and aloha for this opportunity to testify and please pass HCR 100 and HR74: Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

Michele Elbertson

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 18, 2014 8:26 AM
To: HLTtestimony
Cc: ly369@hotmail.com
Subject: Submitted testimony for HCR100 on Mar 19, 2014 08:30AM

HCR100

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

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

Comments: I strongly support HCR 100. Thank you for your time.

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

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Eileen Matsumoto
237 Kaiolohia Place
Honolulu, HI 96825
March 17, 2014

The Honorable Della Au Belatti, Chair
House Committee on Health
Twenty-seventh State Legislature, 2014
State Capitol
State of Hawaii
Honolulu, HI 96813

Re: HCR100
HR74

Dear Representative Au Belatti and Members of the Committee:

My name is Eileen Matsumoto. I am a registered nurse with thirty three years of nursing experience working both in the private and public sector here in Hawaii and in California.

I am here to provide testimony in strong support of HCR 100 and HR 74 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

Children born with congenital birth defects, such as cleft lip and palate, are among children with orofacial anomalies who require long-term specialized medical and dental care beginning at birth and continuing throughout childhood and adolescence. Recognized standards of care can be found in the *American Cleft Palate-Craniofacial Association's* policy known as *Parameters for Evaluation and Treatment of Patients with Cleft Lip and Palate or other Craniofacial Anomalies*. Medically necessary orthodontic treatment is cited in this document as an integral part of reconstructive surgery of the cleft defect and corrects functional problems related to chewing, biting, speech and malpositioned or unstable teeth.

The Hawaii State Medicaid program recognizes the importance of orthodontic care and has a system in place to authorize treatment when medically necessary. Medically necessary orthodontic treatment is one of the essential health benefits under the Affordable Care Act. However, commercial health plans do not provide coverage for orthodontic treatment. This disparity of health coverage needs to be addressed.

Thank you and aloha for this opportunity to testify in support of HCR 100 and HR 74 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

Eileen Matsumoto

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

March 17, 2014

Honorable Della Au Belatti, Chair
Honorable Dee Morikawa, Vice Chair
House Committee on Health
Twenty-seventh State Legislature, 2014
State Capitol
State of Hawaii
Honolulu, HI 96813

Re: **Support for: HCR-100**

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

My name is Kathleen Mishina. I am a registered nurse working in West Hawaii, County of Hawaii. My work experiences include acute care nursing at one of the large tertiary medical centers on Oahu, as well as both public and private non-profit community work in West Hawaii. I have 38 years of work experience as a direct provider of professional nursing services to families, as well as running a small private non-profit health service organization.

I am providing testimony in strong support of HCR-100 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

Orofacial anomalies in infants and children require an expert team of medical specialists, therapists, nurses, pediatric dentists and orthodontists over many years. The length of staged medical (plastic and oro-facial reconstruction and revisions) and dental intervention (orthodontia) is extremely costly for many families whose insurance plans do not include comprehensive benefits for orofacial anomalies.

Families from the neighbor islands, also bear the additional cost of inter-island airfare, ground and occasionally hotel accommodations for orofacial services in Honolulu. Out-of-pocket expenses can be prohibitive for many families who do not qualify for MedQuest, Medicaid or Medicaid waiver programs. These children do not receive timely and appropriate intervention when recommended by physicians and others on the orofacial care team. As a result, they do not benefit

from the prevailing standard of care that is afforded other children more fortunate to have financial access to care.

Feeding difficulties during infancy, dentition problems that go uncorrected, speech and articulation problems that require special instruction in public schools, and emotional-behavioral issues associated with inadequate reconstructive surgery are not uncommon, long term consequences of delayed medical and orthodontia care under our current medical and dental insurance systems.

These children's health outcomes are less than expected and to a large extent, may be a direct result of financial barriers to appropriate care. **This is a system problem and the solution must be a system change. HCR-100 addresses the first step in this important process.**

The opportunity to afford equal access for all children with orofacial anomalies is now before this committee for consideration. I urge your committee members to support approval of HCR-100 in order to move this state closer to removing insurance and financial barriers to appropriate and timely care for orofacial conditions.

Thank you and aloha for this opportunity to testify **in support of HCR-100 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.**

Sincerely,

Kathleen Mishina

Melissa Ann Newberg and Max Edward Newberg

68-1853 Paniolo Place

Waikoloa, HI 96738

The Honorable Representative Della Au Belatti, Chair and

The Honorable Representative Dee Morikawa, Co-Chair

House Committee on Health

Twenty-Seventh Legislature

State Capitol

State of Hawaii

Honolulu, Hawaii 96813

March 17, 2014

HCR 100 and HR 74: Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

My name is Melissa Ann Newberg and my husband is Max Edward Newberg. **We are providing written testimony in strong support of HCR 100 and HR 74:** Requesting the auditor to provide coverage for medically necessary treatment of orofacial anomalies.

Our daughter, Alena Newberg, was born with a cleft lip and palate. She is now six years old and will soon start her long journey in orthodontics. Alena has already had several surgeries including three sets of ear tubes, tonsillectomy, lip revision and will have bone graft surgery involving the alveolar ridge in her gum line. Orthodontic and surgical procedures commence as part of a carefully coordinated medical plan for Alena. Without orthodontics Alena will incur speech and respiratory difficulties, as well as a disruption in her medical plan of care. Orthodontic procedures are medically necessary for Alena and children with orofacial anomalies. We could not imagine being put in a position of depriving medically necessary orthodontia to a child because of financial difficulties. Please consider supporting this bill for our daughter and for other families on this same medical journey.

Thank you and aloha for this opportunity to testify and please pass HCR 100 and HR 74: Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

Melissa Ann Newberg

Max Edward Newberg

Vivian Realista
Armando Relista (age 17)
Kapaau, Hawaii

The Honorable Representative Della Au Belatti, Chair and
The Honorable Representative Dee Morikawa, Co-Chair
House Committee on Health
Twenty-Seventh Legislature
State Capitol- State of Hawaii
Honolulu, Hawaii 96813

March 17, 2014

HCR 100 and HR 74: Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

My name is Vivian Realista. **I am providing written testimony in strong support of HCR 100 and HR 74:** Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

My son, Armando Realista was born with an orofacial anomaly called Trecher Collins Syndrome. He is now seventeen years old and he has had multiple surgeries and just received his second BAHA implant. He has had two jaw distractions and we are hoping to get the okay to remove his tracheostomy device soon, cleft palate repair and he is eagerly looking forward to the independence this will provide. At this time, a nurse must accompany him at school, or anytime we are not with him. As planned, he will soon begin the long orthodontia work that is not a cosmetic treatment, but an important part of his overall plan of care. Without the orthodontic treatment, Armando would miss a critical and important step prohibiting him from meeting the rest of his treatment goals. This would critically impede and negatively affect his plans and goals for the future. Please help support HCR 100 and HR 74, so the auditor can complete an assessment and help pave the way for other children with private insurance to receive coverage for medically necessary orthodontia care. Coverage for this costly orthodontia care by commercial health insurance plans must be mandated or it will be possible for these parents to afford the orthodontia care critically needed for their child with orofacial anomalies.

Thank you and aloha for this opportunity to testify and please pass HCR 100 and HR 74: Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

Vivian Realista and Armando Realista

Grace Miyata

P O Box 185 Kealakekua, HI 96750

RE: Support – HCR 100 AND HR 74 – Relating to Health

Dear Honorable Representative Della Au Belatti, Chair, The Honorable Representative Dee Morikawa, Vice Chair and members of the Health Committee:

My name is Grace Miyata and I have been a social worker working with children with various special health needs and their families for over 28 years on Hawaii Island. **I am providing written testimony in strong support of HCR 100 and HR 74:** Requesting the Auditor to assess the social and financial effects of requiring health insures to provide coverage for medically necessary treatment of orofacial anomalies.

Orthodontic treatment for children with orofacial anomalies is medically necessary and an integral part of the child's multidisciplinary developed overall medical care plan. Delays in timely orthodontic treatment often impede moving on to the next phase of child's treatment plan. The multiple reconstructive surgeries, (cleft lip or cleft palate reconstruction), have been covered by medical insurance plans during the first years of life. Subsequently, when medically necessary orthodontia, is needed, it should also be covered, and considered a crucial component needed to obtain optimal outcomes for the child. I work with several parents and caregivers of children with orofacial anomalies and the cost of orthodontic treatment is a formidable financial burden. Families often anguish over their inability to afford the cost of their child's medically necessary orthodontic treatment because of income and their insurance plans. After all the sacrifices, surgeries, countless medical specialists and therapist visits they have managed to get through, they know their inability to pay for timely orthodontic treatment will negatively affect the rest of their child's life.

I recall working with a family, years ago, with private health insurance coverage, through an employer. The child's mother told me they would somehow afford the estimated \$7000 cost of her child's medically necessary orthodontic treatment because her child's smile and face was her child's legacy. She explained a smile was the first thing babies seek out from their mothers, and humans notice about an individual. Please remember this mother's words. Receiving timely orthodontic treatment will help all children with orofacial anomalies to reach their optimal health status, physical, social-emotional functioning, and productivity. Parents and caregivers caring for children with orofacial anomalies want what we all want for our children. All our children should be able to grow up to be happy, healthy and productive citizens. Having the State Auditor determine the social and financial effects of requiring health insures to provide coverage for medically necessary treatment of orofacial anomalies is a step in the right direction. Thank you for this opportunity to provide testimony to support HCR 100 and HR 74.
Grace Miyata

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 18, 2014 8:02 AM
To: HLTtestimony
Cc: phdtrang@hotmail.com
Subject: Submitted testimony for HCR100 on Mar 19, 2014 08:30AM

HCR100

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Peter Trang	Individual	Support	No

Comments: I strongly support this bill.

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

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LATE

Kim Q.T. Virtudazo
91-1205 PiiPii St.
Ewa Beach, HI 96706

State Capitol
State of Hawaii
Honolulu, HI 96813

March 18, 2014

HCR 100 – Relating to Health

My name is Kim Virtudazo and I am a public school teacher at a Leeward Oahu high school. My two year old son was born with a severe cleft lip and cleft palate. I am here to provide testimony in support of HB 2522, to promote quality health care by requiring insurance coverage of medically necessary orthodontic treatment of craniofacial anomalies.

Today I am writing to you as a concerned teacher and parent. 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. People would say, "It's only cosmetic, once it's fixed he'll be fine." This couldn't be further from the truth. At birth, Logan used a different nipple for his formula. The Haberman nipples cost \$30 each. 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 be a full-time parent. 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 his childhood 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. The medical bills have been manageable but I am concerned with this next surgery. As a public school teacher, my husband and I can't afford a co-payment of \$5,000-\$10,000. Our son has gone through so much and the added surgery co-payments 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. But having to pay thousands in co-payments for the surgery seems inhumane; after all this is a medically necessary and not a cosmetic procedure.

Hawaii has one of the most, if not, the most children born with clefts per capita of the 50 states. 20 states have already passed this bill so it's much overdue in Hawaii. Without this surgery, our son's speech, feeding, swallowing, self-esteem, etc. will be affected. I humbly ask you to please pass HCR100.

Thank you for this opportunity to testify and please pass HCR100.

Sincerely,
Kim Virtudazo

The Maga Family
6207 Kawaihae Place
Honolulu, HI 96825

LATE

March 17, 2014

The Honorable Della Au Belatti, Chair of the Committee on Health
The Honorable Dee Morikawa, Vice Chair of the Committee on Health
Members of the Committee on Health

Re: TESTIMONY IN SUPPORT OF HR74 AND HCR100 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

We are the Maga family and testifying in strong support of HR74 AND HCR100. Our daughter, Anya Maga (the redhead on the attached flyer), 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, seventeen 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 HR74 AND HCR100.

March 17, 2014
Page 2

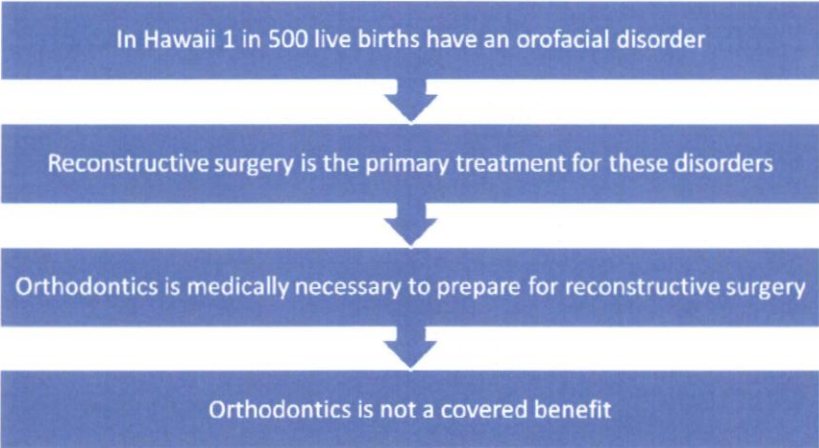
Thank you for the opportunity to testify in support of HR74 AND HCR100.

Respectfully submitted,

Jason Maga
Michelle Pestel-Maga
Anya Maga

Support Mandating Medical Insurance Coverage for Orthodontic Treatment for Orofacial Disorders

A few facts about orthodontics and orofacial disorders:



<p>CONSEQUENCES</p> <ul style="list-style-type: none"> -Nutritional and functional (chewing/swallowing) deficiencies -Speech impairment -Malocclusion & premature tooth loss -Adverse psychosocial effects 	<p>COST</p> <p>\$10,000 - \$15,000 average lifetime cost for orthodontics for craniofacial</p>
<p>Orthodontics are <u>medically necessary</u> treatments to proceed with subsequent reconstructive surgeries</p>	
<p>COMMUNITY</p> <ul style="list-style-type: none"> -National rate 1:750 -Hawai'i rate 1:500 -352 babies born with cleft lip and/or palate in Hawai'i from 1986-2005 	<p>COVERAGE</p> <p>Hawai'i MEDICAID provides full coverage</p> <p>17 states have mandated coverage</p>

We need your support to start discussion today!

For more information please contact the Hilopala Family to Family Health Information Center info@hilopaa.org (808)791-3467