HTH-CPN HEARING

TESTIMONY

SCR52

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

Senate Committees on Health & Commerce and Consumer Protection

S.C.R. 52, 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 of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

March 25, 2013

WRITTEN TESTIMONY ONLY

Department's Position: The Department of Health (DOH) appreciates the intent of SCR 52 to examine the issue of access of children with orofacial anomalies to medically necessary treatment, including orthodontic services.

Fiscal Implications: Implications to health insurers will be determined by the Auditor.

Purpose and Justification: The purpose of SCR 52 is to request the Auditor to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment for orofacial anomalies.

The cost of pre- and post-surgical orthodontic treatment may not be covered by private health plans. For families with these plans, the cost of medically necessary orthodontic treatment is an out-of-pocket expense that may start at $5,000 and exceed $10,000. As a "safety net" and "last resort", the DOH Children with Special Health Needs Program (CSHNP) provides limited financial assistance for medically necessary orthodontic treatment for eligible children who are uninsured or underinsured. Assistance for orthodontic treatment is up to $4,800 to the participating orthodontist. In Fiscal Year

2013, CSHNP provided financial assistance for 11 underinsured children who were either receiving orthodontic treatment or identified to begin treatment.

It is important that children with orofacial anomalies have access to comprehensive, coordinated and timely treatments and services, including medically necessary orthodontic treatment. Having needed services will allow children with orofacial anomalies to reach optimal health status, function and productivity, while reducing long term costs and morbidity.

Thank you for this 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 25, 2013

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

Dear Senators Green and Baker and Members of the Committees:

SUBJECT: SCR 52 – 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 SCR 52**. The purpose of the concurrent resolution is to request the Auditor to: 1) conduct an impact assessment in accordance with sections **23-51** and **23-52,** Hawaii Revised Statutes, on the mandatory health insurance coverage of orofacial anomalies, 2) submit findings and recommendations to the Legislature, including any necessary implementing legislation, no later than twenty days prior to the convening of the Regular Session of 2014 and 3) certified copies of this Concurrent Resolution be transmitted to the Auditor and to the Insurance Commissioner, who, in turn, is requested to transmit copies to each insurer in the State that issues health insurance policies, and to the Children with Special Needs Branch of the Department of Health, State Council on Developmental Disabilities, Lifetime of Smiles Support Group, Kapi'olani Cleft and Craniofacial Center, Kaiser Cleft Palate Clinic, Tripler Army Medical Center Craniofacial Center, Hawaii Maternal & Child Health Leadership Education in Neurodevelopmental & Related Disabilities Program, Hilopa'a Family to Family Health Information Center, and American Academy of Pediatrics – Hawaii Chapter.

The Council is aware that Section 23-51, Hawaii Revised Statutes (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 (see attached Section 23-51, HRS).

The Council recognizes 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 & 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 SCR 52**.

Sincerely,

Waynette K.Y. Cabral, MSW
Executive Administrator

J. Curtis Tyler III
Chair

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

State Senator Josh Green, M.D., Chair
State Senator Rosalyn H. Baker, Vice Chair
Committee on Health

State Senator Rosalyn H. Baker, Chair
State Senator Brickwood Galuteria, Vice Chair
Committee on Commerce and Consumer Protection

Monday, February 4, 2013, 1:00 p.m. Room 229
Senate Concurrent Resolution 52
REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES

Honorable Chairs Josh Green, M.D., and Rosalyn H. Baker, and
members of the Senate Committees on Health and 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 S.C.R. 52 relating to health insurers providing orthodontic coverage for medically necessary treatment of orofacial anomalies. Children who are born with cleft lip, cleft palate or other craniofacial anomalies often face problems that include facial deformities, malocclusion, and hearing, speech, chewing and swallowing deficiencies. These children often have special challenges from birth to adulthood, and require years of coordinated interdisciplinary care from multiple dental and medical specialists. Orthodontic care is an important component in the overall treatment outcome of craniofacial anomalies, and is often necessary in two or three phases due to different stages of dental development and skeletal growth. Without the pre-surgical orthodontics that corrects the position of the teeth in the jaw, stability and functional outcomes of the surgery to reposition the maxillary and mandibular bone segments are compromised. Orthodontic treament helps to provide a successful result in the reconstructive surgical treatment. With the appropriate treatments, children with craniofacial anomalies can have an improved quality of life and become productive, happy adults.

The Affordable Care Act emphasizes ending discrimination against people with disabilities in health plans, ending the exclusion of people with pre-existing conditions. In a 2006 white paper entitled "Access to Orthodontic Care", the American Association of Orthodontists notes, "With respect to orthodontic care and government resources, we believe that financial support should be directed to those patients where the need is the greatest, such as young people with debilitating malocclusion, cleft palate and other craniofacial deformities." Without orthodontic coverage, care can be prohibitively expensive to those who have no other financial funding. An orthodontic coverage mandate is needed since orthodontic services for these patients often are denied. Often the services are categorized as dental, not medical services. The coverage for dental and orthodontic services in the treatment of craniofacial anomalies should be without age restriction, especially if the services are medically necessary to restore function. Claims for orthodontic services for the treatment will accrue to the medical benefit regardless of whether an orthodontic benefit exists under a member's dental plan.

The HDA supports requiring health plans and health insurers to cover medically necessary orthodontic services for children with cleft lip, palate or related craniofacial anomalies.

S E A C
Special Education Advisory Council
919 Ala Moana Blvd., Room 101
Honolulu, HI 96814
Phone: 586-8126 Fax: 586-8129
email: spin@doh.hawaii.gov

March 25, 2013

Special Education Advisory Council

Ms. Ivalee Sinclair, *Chair*
Ms. Martha Guinan. *Vice Chair*

Ms. Brendelyn Ancheta
Ms. Cassandra Bennett
Dr. Tammy Bopp
Ms. Jyo Bridgewater
Dr. Robert Campbell
Ms. Deborah Cheeseman
Ms. Annette Cooper
Ms. Phyllis DeKok
Ms. Shari Dela Cuadra-Larsen, *liaison to the Superintendent*
Ms. Gabriele Finn
Ms. Tami Ho
Ms. Barbara Ioli
Ms. Deborah Kobayakawa
Ms. Bernadette Lane
Ms. Shanelle Lum
Ms. Eleanor MacDonald
Ms. Rachel Matsunobu
Ms. Dale Matsuura
Ms. Stacey Oshio
Ms. Zaidarene Place
Ms. Barbara Pretty
Ms. Kau'i Rezentes
Ms. Melissa Rose
Dr. Patricia Sheehey
Mr. Tom Smith
Mr. Mike Tamahaha
Dr. Daniel Ulrich
Ms. Cari White

Jan Tateishi, Staff
Susan Rocco, Staff

Senator Josh Green, Chair
Senate Committee on Health
Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection
State Capitol
Honolulu, HI 96813

RE: SCR 52 - REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERES TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES

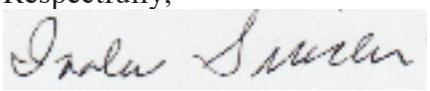
Dear Chairs Green and Baker and Members of the Committees,

The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), is in **strong support** of SCR 52 that lays the groundwork for mandatory health insurance coverage for medically necessary treatment of orofacial anomalies such as cleft lip and palate.

Many children with orofacial anomalies are at high risk of speech problems and feeding problems which may require speech and occupational therapies as part of an IEP or 504 Plan. Ensuring timely and appropriate medical treatment, including orthodontics, helps to lessen the length and intensity of these services and the emotional trauma that can result from negative social responses to facial disfigurement.

Thank you for the opportunity to provide our strong support for this important resolution. If you have any questions, I will be happy to answer them.

Respectfully,



Ivalee Sinclair, Chair

Carlyn Rafael
47-572 Ahuimanu Road
Kaneohe, HI 96744

March 22, 2013

Senator Josh Green, Chair
Senate Health Committee
Twenty-Seventh Legislature
State of Hawaii
Honolulu, HI 96813

Senator Rosalyn Baker, Chair
Senate Commerce and Consumer Protection Committee
Twenty-Seventh Legislature
State of Hawaii
Honolulu, HI 96813

Re: SCR52 - REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

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

My Name is Carlyn Rafael. I am a Master of Social Work student at the Myron B. Thompson School of Social Work and also a Maternal Child Health Leadership and Education in Neurodevelopmental and Related Disabilities Program (MCH LEND) trainee. **I am in strong support of SCR52.**

Through working with families and children with disabilities and special health care needs, I have gained great perspective on the issue of medically necessary treatment of orofacial anomalies. For many families, treatment for orofacial anomalies can pose great financial burden. Additionally, lack of proper treatment could lead to speech, eating difficulties and adverse psychosocial effects. Orthodontic care is essential for the optimal benefits of surgery. Accordingly, insurance coverage for orthodontia would allow families to gain the health care they deserve.

This resolution brings families a step closer to understanding the feasibility of mandated coverage in Hawaii. I kindly ask for your support in passing SCR52.

Thank You,

Carlyn Rafael

Desiree McFarland
368 Reno rd. Apt E
Honolulu, HI 9819

23March2013

Senator Josh Green, Chair
Senate Health Committee
Twenty-Seventh Legislature
State of Hawaii
Honolulu, HI 96813

Senator Rosalyn Baker, Chair
Senate Commerce and Consumer Protection Committee
Twenty-Seventh Legislature
State of Hawaii
Honolulu, HI 96813

Re: SCR52 - REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

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

My name is Desiree McFarland; I am a graduate social work student attending University of Hawaii at Manoa. I am here to provide strong support and testimony of SCR52 requesting to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies. As a graduate student that is involved with the MCH Lend program, I have personally met families of children with orofacial anomalies. I understand the importance and significance of the challenges that they face as parents in providing care for their children, but more importantly the social and medical challenges that the children may face as adults. I know that as we lobbied for support, the parents were tremendous in their presence and support.

Thank you and aloha for this opportunity to testify and please pass SCR52 requesting to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

Mahalo,
Desiree McFarland, Social Work Student, University of Hawaii at Manoa

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: Dollcydonesa@yahoo.com
Subject: Submitted testimony for SCR52 on Mar 25, 2013 13:45PM
Date: Saturday, March 23, 2013 3:51:10 PM
Attachments: Testimony

SCR52
Submitted on: 3/23/2013
Testimony for HTH/CPN on Mar 25, 2013 13:45PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Dollcy		Support	No

Comments:

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

Eileen Matsumoto

237 Kaiolohia Place

Honolulu, HI 96825

The Honolrable Josh Green, Chair

Senate Committee on Health

Twenty Seventh Legislature

State Capitol

State of Hawaii

Honolulu, HI 96813

March 23, 2013

SCR 52 - 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 Eileen Matsumoto. I am a registered nurse working with children with orofacial anomalies such as cleft lip and palate. Children who are insured under the State Medicaid and Med Quest programs have access to orthodontic treatment when it is part of reconstructive surgery of their orofacial birth defect. The orthodontic treatment is considered medically necessary. Orthodontic providers who work in a multidisciplinary team of experts determine when orthodontic treatment is medically necessary.

Children with orofacial birth defects insured through their parent's employer based health plans do not have orthodontic treatment benefits. The cost of medically necessary orthodontic treatment is an out of pocket expense. If the child has dental benefits, there may be a maximum $1,000 lifetime benefit. The cost of orthodontic treatment varies depending on the severity of the orofacial condition but a parent could be faced with $5,000 to $10,000 in orthodontic treatment costs.

It is known that some parents leave the workforce to take care of their child's special health care needs leading to loss of their employer based health plans and subsequent enrollment of their child in the Med Quest or Medicaid program. Some of these parents realize that if they were to return to work, they will be ineligible for Med Quest benefits. Parents have expressed concern that they cannot afford the cost of their child's health care and orthodontic treatment if they returned to work.

Medically necessary treatment such as orthodontic services should be covered by health plans as it is part of reconstructive surgery of a birth defect. I support the request for the auditor to assess the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies. Thank you and aloha for the opportunity to testify in support of this resolution.

The Maga Family
6207 Kawaihae Place
Honolulu, HI 96825

March 23, 2013

The Honorable Josh Green, Chair of the Committee on Health
The Honorable Rosalyn Baker, Chair of the Committee on Commerce and Consumer Protection
Members of the Committee on Health
Members of the Committee on Commerce and Consumer Protection

Re: Testimony in Support of SCR52 - 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 support of SCR52. 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 the medically necessary orthodontic 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 only $1,500

With minimal to no insurance coverage for these medically necessary orthodontic 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 medically necessary orthodontic 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 SCR52, which will help quantify the costs and benefits of mandating coverage for medically necessary orthodontic procedures related to orofacial disorders.

Thank you for the opportunity to testify in support of SCR52.

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:

In Hawaii 1 in 500 live births have an orofacial disorder

Reconstructive surgery is the primary treatment for these disorders

Orthodontics is medically necessary to prepare for reconstructive surgery

Orthodontics is not a covered benefit

CONSEQUENCES

-Nutritional and functional (chewing/swallowing) deficiencies
-Speech impairment
-Malocclusion & premature tooth loss
-Adverse psychosocial effects

COST

$10,000 - $15,000 average lifetime cost for orthodontics for craniofacial

Orthodontics are <u>medically necessary</u> treatments to proceed with subsequent reconstructive surgeries

COMMUNITY

-National rate 1:750
-Hawai'i rate 1:500
-352 babies born with cleft lip and/or palate in Hawai'i from 1986-2005

COVERAGE

Hawai'i MEDICAID provides full coverage

17 states have mandated coverage

We need your support to start discussion today!

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

Lehua Abrigo
91-211 Waikoloa Place
Kapolei, HI 96813

March 24, 2013

Senator Josh Green, Chair
Senate Health Committee
Twenty-Seventh Legislature
State of Hawaii
Honolulu, HI 96813

Senator Rosalyn Baker, Chair
Senate Commerce and Consumer Protection Committee
Twenty-Seventh Legislature
State of Hawaii
Honolulu, HI 96813

Re: SCR52 - REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

Aloha Senator Josh Green, Senator Rosalyn Baker and Members of the Committees:

My name is Lehua Abrigo and I am the mother of a two-year old girl who was born with a unilateral cleft lip and palate. Although she's had her lip repaired to restore a more normal appearance and reconstructive palate surgery, improving her ability to eat, speak, hear and breathe better, my daughter's condition will require many more corrective procedures (and follow-up to correct any abnormal developments. I am very excited that this resolution is here before you all today, which leads me to believe that you recognize the importance of requiring insurance companies to cover medically necessary treatment of orofacial anomalies. Mahalo for this opportunity to provide my testimony in support of SCR52.

I found out about my baby's condition quite early on in my pregnancy. I did a lot of research to learn as much as I could about cleft lip/palate. At that time, Kaiser was in the process of assembling a Cleft Team, so I knew how fortunate we were going to be to have their services available to us when she was born. At 6-months old, my daughter was one of the first few patients to meet this amazing team of doctors and professionals from plastic surgery, ENT (ear, nose and throat), audiology, oral surgery, pediatrics, child development, nutrition, speech pathology, genetics, and social services. My daughter's series of surgeries started with her lip repair when she was 3 months old. She had her reconstructive palate surgery done when she was 9 months old. This surgery repaired the roof of her mouth but she was still left with a gap in the front of her jaw at the gum line. Now that she's gotten all her baby teeth in, it is evident that one of her front teeth is either missing or growing up into cleft. This and the fact that she will need a lot of work to correct her upper jaw will require the services from an oral surgeon and orthodontist when she's about 7 or 8 years old, but will continue throughout her teenage years and as long as her jaw continues to grow. Cleary, my daughter will be having corrective procedures performed for at least another 15, but knowing that her treatments could possibly be covered by my insurance just alleviates all those stresses and allows me to focus on her.

While this resolution being reviewed today is only the first step, I am hopeful that once approved, SCR52 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES, will someday result in passage of this much needed legislation.

Mahalo again for the opportunity to share my testimony.

Aloha,
Lehua Abrigo

Lynn K. Fujimoto DMD
98-660 Paapalealii St.
Aiea, Hawaii 96701

March 22, 2013

Senator Josh Green, Chair
Senate Health Committee
Twenty-Seventh Legislature
State of Hawaii
Honolulu, HI 96813

Senator Rosalyn Baker, Chair
Senate Commerce and Consumer Protection Committee
Twenty-Seventh Legislature
State of Hawaii
Honolulu, HI 96813

Re: SCR52 - REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

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

I have been in private practice of Pediatric Dentistry for over thirty years and I am currently the Associate Director of the Lutheran Medical Center's Pediatric Dental Residency, Hawaii Site. As such, I am involved in the LEND program, as Pediatric Dental faculty and supervise three pediatric dental LEND trainees.

I have witnessed many families in my practice who had craniofacial anomalies and were not able to qualify for orthodontic treatment because of income and insurance plans. These children have malocclusions that go untreated which affect their speech and sometimes, self-esteem.

Therefore, I highly urge you to please consider requesting the State auditor to assess the social and financial effects of requiring health insurers to provide orthodontic coverage for medically necessary treatment of orofacial anomalies.

Thanking you in advance for your consideration.

Lynn K. Fujimoto DMD

Sandi Uchida, MD
2222 Aupuni St.
Honolulu, HI 96817

March 24, 2013

Senator Josh Green, Chair
Senate Health Committee
Twenty-Seventh Legislature
State of Hawaii
Honolulu, HI 96813

Senator Rosalyn Baker, Chair
Senate Commerce and Consumer Protection Committee
Twenty-Seventh Legislature
State of Hawaii
Honolulu, HI 96813

Re: SCR52 - REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

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

My name is Sandi Uchida. I am a family physician and current trainee under the MCH LEND program, which over the past year has led the effort to create and advocate the resolution before you today. I am writing to provide testimony in strong support of SCR52 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

In working on this resolution over the past year, I have learned a lot more about orofacial anomalies and their inherent challenges. These challenges span a multitude of realms for affected individuals and their families - including physical, medical, psychological, social, and financial. Physically, it can impair breathing, eating, drinking, swallowing, hearing, speaking, growth and development, oral hygiene, and cosmesis. Medically, it can lead to complications including ear infections, aspiration, and airway obstruction; it also necessitates a team of health specialists (including plastic surgeons, orthodontists, oral surgeons, otolaryngologists, speech therapists, prosthodontists, psychologists, social workers, medical geneticists, and genetic counselors) working in highly coordinated effort, providing multiple procedures and services from birth to adolescence to provide optimal outcomes for these patients. Psychosocially, beyond having to deal with years of medical treatment (if they can afford it) and a highly appearance-conscious culture, affected individuals are at increased risk for teasing, learning difficulties, self-esteem and self-image issues, withdrawal, and depression. Financially, the average lifetime cost for treatment of one individual with an oral cleft is $100,000 (hopefully insurance will cover most of this); the cost for the orthodontia involved is about $10,000-$15,000 -- which is currently paid for out-of-pocket if an individual has a private health insurance plan in Hawaii.

Orthodontic work plays an integral and inseparable role in producing not only optimal but functional outcomes for individuals with orofacial anomalies, and thus it is unreasonable to argue

against its medical necessity. As people purchase and depend on their health insurance to cover the majority of their medical needs and expenses, this orthodontic work should be no exception.

I have been privileged, particularly over the past year, to meet and discuss this topic with a number of children with orofacial anomalies, their families, and health professionals involved in their care. There is no question among them that orthodontia is key to functional and optimal outcomes for patients. It is tragic when it is not affordable and thus not performed; perhaps especially for hardworking families that strive day in and out to provide well for themselves and their children.

I was also on the research team in our organization that compiled the background data to back this legislation. There again, I found overwhelming and undisputed evidence to back this claim.

Furthermore, in agreement with our position, 17 other states and Medicaid have already mandated such coverage. Other states have found the increase in monthly premiums to their members to be only a few cents (or less). I hope that the majority of the public would find this a more than acceptable cost for the life-changing and daily benefit it will create; and certainly believe that any individual would want this to be available for themselves or their own loved one were they to be born with an orofacial anomaly.

Please be assured that this is a worthwhile measure to see through, and could mean the difference between a lifetime of smiles and alleviation of major adversity versus a lifetime of unavoidable and undeserved struggle for individuals and their families.

Thank you for this opportunity to testify. Please pass SCR52 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

Sincerely and respectfully submitted,

Sandi M. Uchida, MD