

HTH-CPN HEARING

LATE TESTIMONY

SCR52

Testimony of
John Kirimitsu
Legal and Government Relations Consultant

LATE

Before:
Senate Committee on Health
The Honorable Josh Green, Chair
The Honorable Rosalyn H. Baker, Vice Chair
and
Senate Committee on Commerce and Consumer Protection
The Honorable Rosalyn H. Baker, Chair
The Honorable Brickwood Galuteria, Vice Chair

March 25, 2013
1:45 pm
Conference Room 229

**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.**

Chairs, Vice-Chairs, and committee members; thank you for this opportunity to provide testimony on this resolution requesting a study by the legislative auditor of mandating health insurance coverage for medically necessary treatment of orofacial anomalies.

Kaiser Permanente Hawaii supports this resolution.

We support asking the legislative auditor to study the social and financial impacts of this proposed expansion of benefits. We offer for your consideration a few additional clauses that may make the auditor's study more useful.

BE IT FURTHER RESOLVED that the Auditor is requested to include in the impact assessment report a survey of other states in the U.S. which have implemented a mandate for orofacial anomalies to examine what the social and financial impact has been in these states; and

BE IT FURTHER RESOLVED that the Auditor is requested to research what benefits and services are mandated by state and federal law, and whether the state must make payments to defray the cost of benefits that are in excess of the essential health benefits; and

BE IT FURTHER RESOLVED that the Auditor is requested to research public (including but not limited to, Medicare and Medicaid) and private entities that provide coverage for orofacial anomalies to determine what is currently being used as a standard for coverage, and what, if any, cost limitations are placed on this coverage benefit.

BE IT FURTHER RESOLVED that the Auditor is requested to examine current medically necessary standards of care used to determine what type of coverage and services are best suited for individuals with orofacial anomalies.

We think this information is important to know when discussing what orofacial anomalies services and benefits should be provided and whether the state is required to pay for these benefits, if mandated, if deemed in excess of the essential health benefits.

Thank you for your consideration.

March 23, 2013

LATE

To our Hawaii Legislators:

As a Pediatric doctor, mother, and citizen, I am writing to strongly support SCR 52.

Children with craniofacial problems, like all children, deserve access to high quality, affordable health care.

For example, a child with cleft palate has special health needs and if appropriate treatment is not provided, the child will have increased health problems that could have been prevented.

Cleft palate, an opening inside the roof of the mouth, is a problem that occurs during development of a baby before birth. If treatment is not given or is delayed because parents cannot afford the high costs of medical care that Private insurance does not adequately cover, then the child can suffer severe feeding problems, aspiration of food into their lungs, speech difficulties, and dental issues.

We cannot allow children to suffer without adequate health care when quality, affordable healthcare should be a human right.

I urge you to Pass SCR 52.

Mahalo,

Sasha Fernandes, M.D.

Wesley Kau
1920 Dole Steet
Honolulu, HI 96822

March 24th, 2013

LATE

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 write today 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.

My wife (Michelle) and I have three children born by in vitro-fertilization and did not plan on having more. When our fourth child (Kaylie) was conceived naturally it was a big surprise and the beginning of a journey that has brought much happiness to our family, yet many challenges. Kaylie was born with a bi-lateral cleft lip and palate and will undergo many surgeries to repair the defects. While she has received good services from agencies such as the Kapiolani Cleft Team, Sultan Early Intervention Center and the DOE special needs program, she has many of the developmental delays (speech, health, communication, etc.) associated to this condition. She had her lip and palate repaired, however social ramifications from her appearance are still present and will follow her throughout her life. We often get questioned about her lip when going out into the community and even at a young age of three, Kaylie definitely understands something is wrong.

Without corrective orthodontic care, Kaylie's upper jaw will not grow at the same rate as her lower jaw, thus further impairing her ability to eat and speak normally and have

normal appearance. My wife and I both have full time jobs and could afford to pay for orthodontic services, however we are certainly not wealthy and footing the entire bill without insurance would create significant financial challenges. We believe this to be true for many other cleft lip/palate families in Hawaii and therefore strongly support SCR52. The cost to the citizens of this state would be nominal compared to the future contributions these children will make to our community. This resolution would further help to lower the negative social and economic effects left in our community resulting from unaffordable orthodontic treatment of children born with cleft lip/palate.

Thank you and aloha for this opportunity to testify and 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 yours,

Wesley Kau



HILOPA'A

Family to Family Health Information Center

Date: March 25, 2013

To: COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair

LATE

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
Senator Brickwood Galuteria, Vice Chair

Fr: Leolinda Parlin, State Coordinator for Family Voices of Hawai'i

Re: **SUPPORT** – 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

On behalf of Family Voices of Hawai'i, I offer testimony in support of SCR52, which seeks the auditor to assess mandating coverage for treatment of orofacial anomalies. As an organization, Family Voices is national grass roots organization of family of friends of child with special health care needs. In Hawai'i, we operate the federally funded Hilopa'a Family to Family Health Information Center (Hilopa'a F2FHIC) and are the Medicaid Ombudsman. Currently, 17 states provide coverage and the momentum is increasing even in light of the Affordable Care Act.

The Hilopa'a F2FHIC supports this legislation for two primary reasons.

- 1) There is an inequity of coverage between our Hawai'i families who participate in our state Medicaid program and those who because of financial restrictions must seek coverage through commercial coverage.

The state Medicaid program and Tricare for some time now have covered medically necessary orthodontia. There is no social determinant that indicates a propensity within these populations.

- 2) Orthodontics are required to realize the full benefit of the orofacial surgeries that are covered

The lack of coverage and the approximate \$10,000-\$15,000 cost to families, may ultimately delay or prevent children from receiving surgical treatment.

We do not take this request to undertake an audit lightly. Last September we convened in partnership with the Hawai'i MCH LEND Program a summit to discuss the impending need, the financial impact on families and the medical consequence on the children themselves with orofacial anomalies. We've reviewed the nature of the orthodontia procedures and have consulted with our medical and dental community to validate that these procedures are medically necessary in nature. It is based upon our research and findings that we have concluded that our best strategy is to humbly raise these issues at the legislature and ask that the auditor assess the effects of mandated coverage.

Thank you for your time and consideration in passing SCR52.

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

LATE

March 23, 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 fully support 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.

As a physician practicing at the Waianae Coast Comprehensive Health Center, founder of Lifetime of Smiles craniofacial support group, and mother with private medical insurance, it saddens and disappoints me that the State of Hawaii provides orthodontia coverage for Quest and Medicaid members but does not allow private insurance members MEDICAL coverage for orthodontia. I am the proud parent of a child born with a Congenital Unilateral Cleft lip and palate who is currently in the second phase of a traditional three to four phases of an orthodontia treatment plan. I'm frustrated that private medical insurance companies recognize the need for the 6-7 hour surgical procedure of ileostomy bone harvest grafting to the alveolar ridge performed in preparation for orthodontia then IGNORE the follow-up orthodontia required. I don't understand why the private medical insurance companies don't recognize and support the entire Orofacial treatment plan for children born with congenital orofacial anomalies in Hawaii. Many families are unable to cover all phases of orthodontia coverage

because Dental insurance has a one life-time benefit, often maximum of \$2000.00 which does not even cover the first phase of their treatment plan. This is NOT cosmetic!!!! Orthodontia is medical necessary for children born with Orofacial anomalies for further reconstructive surgeries, speech and normal oral function. Private Medical insurance companies need to recognize that they have a responsibility to provide medically necessary treatment of care to their members and dependents!

Thank you for your time and please recognize the importance of passing SCR 52 and the improvement in quality of life for our children of Hawaii born with Craniofacial anomalies.

Please do the right thing by creating happy healthier children with craniofacial anomalies and provide them with a lifetime of smiles.

SMILE, you can make a difference in the life of these children!!!!

Mahalo,

Kelli-Ann Voloch, MD
Mother of child with Unilateral Cleft lip and palate
Founder, Lifetime of Smiles – Craniofacial support group
Pediatician at Waianae Coast Comprehensive Health Center
Assistant Professor at the John A. Burns School of Medicine

green1 - George

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 24, 2013 8:00 PM
To: HTHTestimony
Cc: kenakinaka@aol.com
Subject: Submitted testimony for SR52 on Mar 25, 2013 13:15PM

SR52

Submitted on: 3/24/2013

Testimony for HTH on Mar 25, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ken Akinaka	Hepatitis Support Network of Hawaii	Support	No

Comments: Dear Legislators: I highly recommend this resolution since people, who are infected with HIV and who are in need of an organ transplant, will often die without being able to be given this life saving operation. Many HIV infected people are dying from liver disease cause by hepatitis B or C. These deaths are now even greater than from other AIDS related diseases in some areas of the country since HIV medications are now very effective and are life saving for many people. People should not be forced to move to another state to be considered for a liver transplant. I highly recommend this resolution. Sincerely, Ken Akinaka, MRA Executive Director

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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To: HTHTestimony
Cc: kenainaka@aol.com
Subject: Submitted testimony for SR52 on Mar 25, 2013 13:15PM

LATE

SR52

Submitted on: 3/24/2013

Testimony for HTH on Mar 25, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 24, 2013 3:33 PM
To: HTHTestimony
Cc: tanya.sasa@gmail.com
Subject: Submitted testimony for SCR52 on Mar 25, 2013 13:45PM

SCR52

Submitted on: 3/24/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Tanya Sasaoka	Individual	Support	No

Comments: My name is Tanya Sasaoka. Thank you for giving me the opportunity to tell you that I am in strong support of SCR52. I am a speech language pathologist. Through my education and career I have learned about orofacial anomalies. I understand the importance of orthodontics and the role it plays in making eating and speaking properly accessible to individuals with orofacial anomalies. Orthodontics can be costly if paid for out of pocket. Medicaid provides full coverage for orthodontics and 17 other states have mandated coverage. Hawaii should provide mandated coverage as well. As I have gotten to know families that have experienced a child with orofacial anomalies I see the great importance in passing this resolution. They have many out of pocket expenses for multiple surgeries, and taking time off from work. Their experiences are not only financially taxing; they are also dealing with a lot of emotions. This resolution needs to be passed to take a step toward support these families. Aloha, Tanya Sasaoka

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Sent: Sunday, March 24, 2013 7:41 PM
To: HTHTestimony
Cc: jasmine.waipa@kapiolani.org
Subject: *Submitted testimony for SCR52 on Mar 25, 2013 13:45PM*

SCR52

Submitted on: 3/24/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Jasmine K. Waipa, MD	Individual	Support	No

Comments:

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Cc: kelyt@aol.com
Subject: Submitted testimony for SCR52 on Mar 25, 2013 13:45PM

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SCR52

Submitted on: 3/25/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Edward Treschuk	Individual	Support	No

Comments: I strongly urge you to support SCR 52 so that children with orofacial problems can receive high quality, affordable healthcare treatments to prevent increased health problems.

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To: HTHTestimony
Cc: mokihiro@me.com
Subject: Submitted testimony for SCR52 on Mar 25, 2013 13:45PM

LATE

SCR52

Submitted on: 3/25/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
May Okihiro	Individual	Support	No

Comments: Aloha Senators, With today's medical and surgical advances, children with orofacial anomalies now have the potential to lead full and productive lives. However these procedures and processes require years of medical procedures. Unlike most other congenital medical problems, currently most private insurers in Hawaii do not cover these medical expenses adequately, leaving their parents and families to bear the financial burden of these procedures; costs that can cost lead to financial ruin. Alternatively, families can opt not to have the procedure done, leaving the child to a life-long medical and social disadvantage. For these reasons, we urge you to pass this resolution. Thank you for this opportunity. May Okihiro, MD MS Kaneohe, Hawaii

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To: HTHTestimony
Cc: bryana.joy@gmail.com
Subject: *Submitted testimony for SCR52 on Mar 25, 2013 13:45PM*

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SCR52

Submitted on: 3/24/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Bryana Gamido	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 24, 2013 11:44 PM
To: HTHTestimony
Cc: yuri.mtreschuk@gmail.com
Subject: *Submitted testimony for SCR52 on Mar 25, 2013 13:45PM*

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SCR52

Submitted on: 3/24/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Yuri Treschuk	Individual	Support	No

Comments:

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Subject: Submitted testimony for SCR52 on Mar 25, 2013 13:45PM

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SCR52

Submitted on: 3/24/2013

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

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

Comments: As a father of a child born with a cleft lip and palate, I strongly support this bill. Thank you.

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green1 - George

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Cc: Leeann3@gmail.com
Subject: Submitted testimony for SCR52 on Mar 25, 2013 13:45PM

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SCR52

Submitted on: 3/24/2013

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

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

Comments: As a mother of a child born with a cleft lip and palate, I strongly support this bill. Thank you.

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To: HTHTestimony
Cc: gulizerdem1@yahoo.com
Subject: *Submitted testimony for SCR52 on Mar 25, 2013 13:45PM*

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SCR52

Submitted on: 3/24/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Guliz Erdem	Individual	Support	No

Comments:

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To: HTHTestimony
Cc: hardkoa4life@gmail.com
Subject: Submitted testimony for SCR52 on Mar 25, 2013 13:45PM

SCR52

Submitted on: 3/25/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Albert Jack Keli'i Weight	Individual	Support	No

Comments: I strongly urge you to support SCR 52 so that children with orofacial problems can receive high quality, affordable healthcare treatments to prevent increased health problems.

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