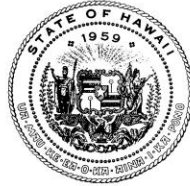


NEIL ABERCROMBIE
GOVERNOR OF HAWAII



GARY L. GILL
ACTING DIRECTOR OF HEALTH

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

In reply, please refer to:
File:

House Committee on Health

H.B. 2522, Relating to Health

**Testimony of Gary L. Gill
Acting Director of Health**

January 31, 2014

LATE

1 **Department's Position:** The Department of Health (DOH) would like to provide comments on
2 H.B. 2522 to improve the access of children and youth with orofacial anomalies to medically necessary
3 orthodontic services.

4 **Fiscal Implications:** The DOH Children with Special Health Needs Program (CSHNP) has only
5 limited funding for safety net services. CSHNP currently pays for medically necessary orthodontic
6 services as a safety net for financially-eligible children with cleft lip and palate conditions who have
7 health insurance that does not cover payment for such services.

8 **Purpose and Justification:** H.B. 2522 requires each health insurance policy to provide coverage for
9 medically necessary orthodontic services for the treatment of orofacial anomalies for individuals under
10 age 26 years.

11 The Department appreciates the importance of appropriate services for children with orofacial
12 anomalies. Orthodontic treatment is part of the comprehensive treatment of orofacial anomalies such as
13 cleft lip and palate. Improving the access of children and youth with orofacial anomalies to medically
14 necessary orthodontic services is especially important for families for whom out-of-pocket payment may
15 cause hardship and potential delays in treatment timelines.

Promoting Lifelong Health & Wellness

1 In Hawai‘i, the rate of children with craniofacial/orofacial anomalies is estimated to be one in
2 every five hundred births. Without appropriate treatment, children born with orofacial anomalies such
3 as cleft lip and /or palate experience long- and short-term problems, including feeding and growth,
4 frequent ear infections, hearing loss, speech delays and difficulties, dental and orthodontic malocclusion,
5 and social emotional challenges. Children with orofacial anomalies require orthodontic services as an
6 integral part of the habilitation process that also involves the pediatric dentist, oral maxillofacial
7 surgeon, plastic surgeon, and other specialists. Orthodontic treatment can start in childhood and extend
8 throughout adolescence.

9 Improving access to health care services addresses the foundation of Health Equity in the
10 Department’s Strategic Plan – which includes a goal to eliminate disparities and improve the health of
11 all groups throughout Hawai‘i.

12 Thank you for this opportunity to testify.



NEIL ABERCROMBIE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
www.hawaii.gov/dcca

KEALI' I S. LOPEZ
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2014

Friday, January 31, 2014
8:30 a.m.

TESTIMONY ON HOUSE BILL NO. 2522 – RELATING TO HEALTH.

TO THE HONORABLE DELLA AU BELATTI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

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, hospital and medical services plans, and health maintenance organizations to provide insurance coverage for medically necessary orthodontic services for the treatment of orofacial anomalies. This bill is a medical matter that is outside of our expertise.

Additionally, 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.

Any proposed mandated health insurance coverage requires the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report

HOUSE BILL No. 2522
DCCA Testimony of Gordon Ito
Page 2

assessing the social and financial impacts of the proposed mandate, pursuant to Hawaii Revised Statutes § 23-51.

We thank the Committee for the opportunity to present testimony on this matter.

MCCORRISTON MILLER MUKAI MACKINNON LLP

ATTORNEYS AT LAW

PETER J. HAMASAKI
ATTORNEY

DIRECT #: (808) 529-7333
PHONE - (808) 529-7333
E-MAIL - HAMASAKI@M4LAW.COM

January 29, 2014

Honorable Della Au Bellati, Chair
Honorable Dee Morikawa, Vice Chair
Committee on Health
House of Representatives
State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Re: H.B. No. 2522, RELATING TO HEALTH

Dear Chair Bellati, Vice Chair Morikawa, and Committee Members:

On behalf of the American Family Life Assurance Company of Columbus (AFLAC), we respectfully submit the following written comments on House Bill No. 2522, relating to health, which is to be heard by your Committee on Health on January 31, 2014.

Our comments are limited the definition of “health insurance policy” contained in new subsection (h) to be added by Section 2 of the bill, which provides as follows:

“Health insurance policy” means an individual or group or accident and health or sickness insurance policy or subscriber contract or certificate issued by an insurance entity subject to this section.

The purpose of including a definition of “health insurance policy” in subsection (h) is unclear. To the extent that it is intended to define the scope of the new section’s applicability as set forth in subsection (a), the definition is circular in that it refers to a policy “subject to this section.” To the extent that it is intended to provide a definition for “health insurance policy” as used in subsection (e), it may be clearer to delete the definition and add “subject to this section” at the end of subsection (e):

(e) This section shall not be construed as limiting benefits that are otherwise available to an individual under a health insurance policy[-] subject to this section.

(Addition underscored; deletion marked with brackets and strike-out.)

Honorable Della Au Bellati, Chair
Honorable Dee Morikawa, Vice Chair
Committee on Health
January 29, 2014
Page 2 of 2

Other provisions in chapter 431:10A, Hawaii Revised Statutes, that mandate benefits or coverage generally do not contain their own self-contained definition of health insurance policy. The risk of confusion created by including a separate definition of "health insurance policy" is important because there are other statutory provisions, particularly section 431-10A-102.5, Hawaii Revised Statutes, which are dependent upon consistency terminology in referring to the types of insurance regulated chapter 431:10A, Hawaii Revised Statutes.

For the foregoing reasons, we respectfully request that the definition of "health insurance policy" contained in new subsection (h) to be added by Section 2 of H.B. No. 2522 be deleted as unnecessary and potentially confusing.

Thank you for your consideration of the foregoing.

Very truly yours,

MCCORRISTON MILLER MUKAI MACKINNON LLP

A handwritten signature in black ink, appearing to read "Peter J. Hamasaki", with a stylized flourish at the end.

Peter J. Hamasaki



55 Merchant Street
Honolulu, Hawai'i 96813-4333

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

808-535-7401
www.hawaiipacifichealth.org

Friday, January 31, 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

Re: **HB 2522, Relating to Health
Comments**

My name is Virginia Pressler, MD, MBA, Executive Vice President and Chief Strategic Officer for Hawai'i Pacific Health (HPH). HPH is a nonprofit health care system and the state's largest health care provider anchored by its four nonprofit hospitals: Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital on Kauai. HPH is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four affiliated hospitals, 49 outpatient clinics and service sites, more than 5,400 employees and 1,300 physicians on staff,

I am writing to provide comments with respect to HB 2522, Relating to Health. This bill would require each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014 to provide coverage for medically necessary orthodontic services for the treatment of 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 experience serious functional deficiencies in chewing, swallowing, respiration, speech, unstable or malpositioned oral structures, and premature tooth loss.

While we strongly support the mandates envisioned in HB 2522, we recognize that Hawaii Revised Statutes (HRS) §23-51, requires that "before any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage".

Thus, we ask that this measure be deferred and that your Committee introduce and pass the proposed concurrent resolution which is attached to our testimony. This will enable the legislative auditor to conduct an assessment in compliance with HRS §23-51.

Thank you for the opportunity to provide this testimony.



Affiliates of Hawai'i Pacific Health

HOUSE CONCURRENT RESOLUTION

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

WHEREAS, in Hawaii, the rate of children with orofacial disorders is estimated to be one in every five hundred; and

WHEREAS, the rate of children in Hawaii with orofacial disorders is higher among the Asian, Pacific Islander, and Filipino populations that comprise the majority of the population of the State; and

WHEREAS, the more commonly known orofacial anomalies include cleft lip or cleft palate; and

WHEREAS, three hundred fifty two babies were born with cleft lip and/or cleft palate in Hawaii between 1986 and 2005; and

WHEREAS, orthodontics are the medically necessary treatments needed to proceed with subsequent reconstructive surgeries for these disorders; and

WHEREAS, 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; and

WHEREAS, orthodontics are not included as a benefit of commercial health insurance; and

WHEREAS, without appropriate orthodontic care, reconstructive surgical outcomes are compromised and result in functional deficiencies in chewing, swallowing, respiration, speech, unstable or mal-positioned oral structures, premature tooth loss, and adverse psychosocial effects; and

WHEREAS, these compromised surgical outcomes can create disparities in quality of care, quality of life, and functional outcomes for children with orofacial disorders; and

WHEREAS, California, Colorado, Connecticut, Florida, Indiana, Louisiana, Maryland, Massachusetts, Minnesota, New York, North Carolina, Oregon, South Carolina, Texas, Vermont, Virginia, and Wisconsin have mandated health benefits, including orthodontic care coverage for orofacial and related disorders; and

WHEREAS, mandated health benefits that include orthodontic care coverage for orofacial and related disorders aid in the average lifetime cost of \$10,250 for orthodontic care; and

WHEREAS, section 23-51, Hawaii Revised Statutes, requires that "before any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be

considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage"; and

WHEREAS, section 23-51, Hawaii Revised Statutes, further provides that "[the concurrent resolutions shall designate a specific legislative bill that:

- (1) Has been introduced in the legislature; and
- (2) Includes, at minimum, information identifying the:
 - (A) Specific health service, disease, or provider
 - (B) Extent of the coverage;
 - (C) Target groups that would be covered;
 - (D) Limits on utilization, if any; and
 - (E) Standards of care.

For purposes of this part, mandated health insurance coverage shall not include mandated optional"; and

WHEREAS, section 23-52, Hawaii Revised Statutes, further specifies the minimum information required for assessing the social and financial impact of the proposed health coverage mandate in the Auditor's report; and

WHEREAS, H.B. No. 2522, introduced in the Regular Session of 2014, mandates health insurance coverage for the treatment of orofacial anomalies for individuals, performed to correct or repair abnormal structures of the body, including but not

limited to teeth, jaw, and related oral structures; ensure good health and adequate dental structures; and improve function of the affected structures and systems for all policies and contracts, hospital and medical service plan contracts, medical service corporation contracts, and health maintenance organization plans and contracts issued on or after December 31, 2014; and

WHEREAS, the Legislature believes that mandatory health insurance coverage for medically necessary treatment of orofacial anomalies will substantially offset the financial hardship on families needing treatment for their children, reduce compromised surgical outcomes, and assist in good health for children born with orofacial abnormalities in Hawaii; now, therefore,

BE IT RESOLVED by the House of Representatives of the Twenty-eighth Legislature of the State of Hawaii, Regular Session of 2014, the Senate concurring, that the Auditor is requested to 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 proposed by No. ; and

BE IT FURTHER RESOLVED that the Auditor is requested to 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 2015; and

BE IT FURTHER RESOLVED that 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.

Hawaii State Legislature
State House of Representatives
Committee on Health

Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair
Committee on Health

Friday, January 31, 2014, 8:30 a.m. Room 329
House Bill 2522 Relating to Health

Honorable Chair Della Au Belatti, Vice Chair Dee Morikawa and
members of the House Committee on Health,

My name is Russel Yamashita and I am the legislative representative for the Hawaii Dental Association and its 960 member dentists. I appreciate the opportunity to testify in support of House Bill 2522 Relating to Health. Medical insurance coverage should cover the basic needs of the people who are to be protected from medical diseases and ailments. One such issue that has gotten lost in the shuffle of insurance policy boiler plate provisions is the cleft palate or cleft lip. The debate as to whether covering this birth defect is a cosmetic/elective surgery versus a medically necessary treatment for the functioning of the normal body has gone on for many years.

Some enlightened medical insurance companies look upon a cleft palate as a medical condition that has to be corrected in the same way accident injuries and medical procedures like mastectomy reconstruction, not as cosmetic or elective procedures. Therefore, the HDA believes that HB 2522 is worthy of support and is long over due.

Testimony of
John M. Kirimitsu
Legal & Government Relations Consultant

LATE

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

January 31, 2014
8:30 am
Conference Room 329

Re: HB 2522 Relating to Health

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure regarding insurance coverage for orthodontic services for the treatment of orofacial anomalies.

Kaiser Permanente Hawaii supports the intent of this bill, but requests an auditor study.

It is widely recognized that the ACA was enacted with the goals of increasing the quality and affordability of health insurance, lowering the uninsured rate by expanding insurance coverage, and reducing the costs of healthcare for individuals and the government. Done correctly, health care reform can reduce costs while simultaneously improving the quality of care. However, this will not happen if the emphasis is shifted to costly mandates that inevitably drive up the price of health insurance, rather than emphasizing prevention.

Under the ACA, the health plans are already mandated to include ten essential benefits, from care for pregnant mothers to substance abuse treatment, with an emphasis on prevention to keep costs down. The ACA's goal of reducing healthcare costs is being sought by improving American's health by emphasizing health care that prevents illnesses from becoming serious, long-term health problems, thus reducing avoidable hospitalizations. The hope is that this reduction in preventable illness through new prevention coverage will result in significant health care savings to everyone. Therefore, any additionally mandated benefits beyond those required under the essential benefits, notwithstanding the fact that the state may be required to defray such

costs of newly mandated benefits, will undoubtedly hinder the goal of decreasing health care spending and health care insurance premiums.

That being said, Kaiser supports the intent of this bill to provide insurance coverage equality for orthodontic services for the treatment of orofacial anomalies, but requests that the legislative auditor conduct an impact assessment report, as required pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes, 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 this mandated coverage should be covered under a policy holder's dental insurance coverage.

Thank you for the opportunity to comment.



HILOPA'A

Family to Family Health Information Center

Date: January 30, 2014

To: COMMITTEE ON HEALTH

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

LATE

Re: Support – HB 2522 – RELATING TO HEALTH

On behalf of Family Voices of Hawai'i, we support the intent of SB 2522. Family Voices of Hawai'i & the Hilopa'a Family to Family Health Information Center supports mandated coverage of orthodontia for children with 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.

Thank you for your time and consideration.

January 31, 2014

LATE

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

Re: HB 2522 – Relating to Health.

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2522 which would require health insurance coverage for orthodontic services for the treatment of orofacial anomalies for persons under 26 years of age. While HMSA truly is empathetic to the concerns raised by this legislation, HMSA must oppose this Bill and offer comments.

Cases related to the treatment of orofacial anomalies generally require surgery, followed by a round of orthodontia, and then more surgery. While the Bill attempts to limit the coverage to services that are “medically necessary,” the problem comes with post surgical orthodontia where the individual may need to undergo several procedures to get a cosmetic result that is acceptable to that individual.

We believe it is important to consider this issue because these costs will be borne by the State. Pursuant to the Affordable Care Act (ACA), any new or expanded coverage mandate enacted after December 31, 2011, that exceeds the State’s benchmark plan will be the financial responsibility of the State. Consequently, this new mandate will result in the State paying for this procedure covered under plans sold both inside and outside of the Hawai`i Health Connector.

The Committee also should be aware that Section 23-51, Hawaii Revised Statutes, requires that:

...[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage.

Such as Concurrent Resolution was before the 2013 Legislature - HCR 62. The Committee may wish to consider a similar Concurrent Resolution, but to include the State Auditor’s examination of the impact of the ACA on this new mandate.

Thank you for the opportunity to testify today.

Sincerely,



Jennifer Diesman
Vice President, Government Relations

**Testimony to the House Committee on Health
Friday, January 31, 2014 at 8:30 A.M.
Conference Room 329, State Capitol**

LATE

RE: HOUSE BILL 2522 RELATING TO HEALTH

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

The Chamber of Commerce of Hawaii ("The Chamber") **opposes** HB 2522 Relating to Health.

The Chamber is the largest business organization in Hawaii, representing over 1,000 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the "Voice of Business" in Hawaii, the organization works on behalf of members and the entire business community to improve the state's economic climate and to foster positive action on issues of common concern.

While we understand that persons may need additional health care services, we do not believe that business should be the group responsible for paying for this mandated benefit. Ninety percent of the cost of an employee's health care premium is paid for by the employer. Most employers would be unable to pass this new cost onto the consumer. Please keep in mind that this would be in addition to the already annual increase in health care premiums of 7-10% each year.

Thank you for the opportunity to testify.

The Maga Family
6207 Kawaihae Place
Honolulu, HI 96825

January 29, 2014

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

Re: TESTIMONY IN SUPPORT OF HB2522 – REQUIREING EACH INDIVIDUAL OR GROUP ACCIDENT AND HEALTH OR SICKNESS INSURANCE POLICY ISSUED OR RENEWED AFTER DECEMBER 31, 2014, TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY ORTHODONTIC SERVICES FOR THE TREATMENT OF OROFACIAL ANOMALIES.

We are the Maga family and testifying in strong support of HB2522. 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 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 HB2522.

January 29, 2014
Page 2

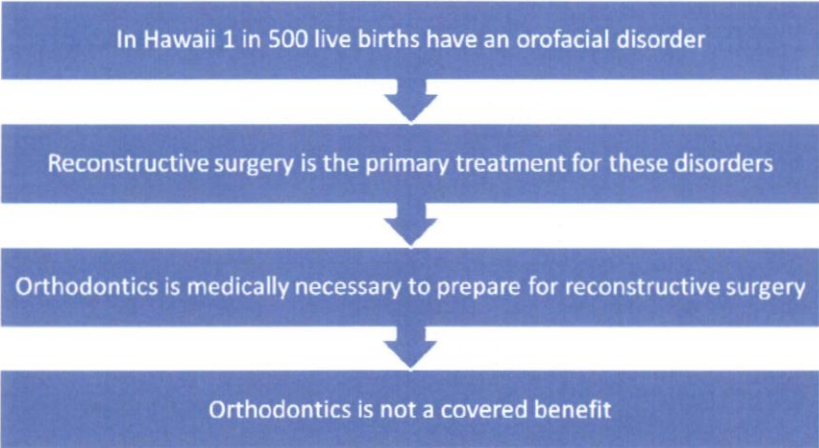
Thank you for the opportunity to testify in support of HB2522.

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 Hilopaa Family to Family Health Information Center info@hilopaa.org (808)791-3467

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

The Honorable Della Au Belatti, Chair
The Honorable Dee Morikawa, Vice Chair
State Capitol
State of Hawaii
Honolulu, HI 96813

January 29, 2014

HB 2522 – 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 HB 2522.

Thank you for this opportunity to testify and please pass HB 2522.

Sincerely,
Kim Virtudazo

**Megan Miyata
P O Box 185
Kealakekua, Hawaii 96750**

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

January 29, 2014

HB 2522: Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

My name is Megan Miyata. **I am providing written testimony in strong support of HB 2522:** Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

I am a recent graduate in speech and communication disorders. I have been fortunate to have met and worked with many children with orofacial anomalies and the wonderful families who love and support them. Orthodontic treatment is not a cosmetic procedure for children born with orofacial anomalies. Medically necessary orthodontic treatment is a procedure, and just as the successive surgical repairs, must begin at a specified point in a child's overall plan of treatment. Disruption of this treatment plan can result in long term consequences for future reconstructive treatment including speech impairment, breathing, functional and swallowing difficulties. Many families are not able to afford the high cost of orthodontic treatment which may start at \$5000 and exceed \$10,000. This bill would start the process to mandate insurance plans to help cover this cost for families. Our Hawaii Medicaid program has long covered the cost of medically necessary orthodontic treatment. Please support this Bill and ease the burden of the high cost of medically necessary orthodontic treatment for all of our Hawaii families with children born with orofacial anomalies.

Thank you and aloha for this opportunity to testify and please pass HB 2522: Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

Megan Miyata

Sue Miller
1920 Fern Street
Honolulu, HI 96826

LATE

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

Reference HB 2522 - Relating to Insurance Coverage for Orthodontic Services for Children with orofacial anomalies.

My name is Sue Miller. I would like to provide testimony and strong support for HB 2522 to require Insurance Companies to provide coverage of orthodontic services for children with orofacial anomalies. Without such a requirement, many children in Hawaii may not receive the services necessary to correct birth defects that cause difficulty swallowing, chewing, speaking, appropriate dental hygiene due to random teeth alignment and adverse psychosocial effects.

I adopted a wonderful baby boy from China in 2001. Jacob was born with cleft Lip & palate. When Jacob's teeth started to come in, I was shocked at how random teeth placement in cleft babies can be. His front tooth was almost parallel to the roof of his mouth making it almost impossible to brush behind this tooth; my baby had a root canal when he was three years old. Jacob needs braces on his top teeth (approximately \$2,800) to expand his structure in preparation for a bone graft into that area. After the bone graft surgery, he will need top and bottom braces (approximately \$5,200). I am blessed with a good job, but cannot afford to support my children and pay \$8,000 for orthodontia. While limited orthodontic services were covered by my insurance when I brought Jacob home twelve years ago, many insurance companies have dropped coverage of orthodontic services even though it is recognized as medically necessary.

Jacob is now a seventh grader at Washington Middle School. One day the security guard asked our neighbor – "who's the ugly kid with the lip" and pointed to his own lip where my son's scar is. My son cried when the neighbor told him – and so did I. (Yes, I have talked to the school about this). Life is tough enough for kids who looks different. Add to this the problems of not being able to chew food properly, speech problems and tooth loss or decay because your parents cannot afford to pay for medically necessary orthodontics. With one in five hundred of Hawaii's Keiki being born with orofacial anomalies such as Cleft Lip & Palate, passage of this bill is critical for their health and well being.

Aloha and thank you for the opportunity to testify. Please – pass HB 2522.

Sincerely,

Sue Miller (a.k.a. Jacob's Mom)

**Megan Miyata
P O Box 185
Kealakekua, Hawaii 96750**

LATE

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

January 29, 2014

HB 2522: Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

My name is Megan Miyata. **I am providing written testimony in strong support of HB 2522:** Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

I am a recent graduate in speech and communication disorders. I have been fortunate to have met and worked with many children with orofacial anomalies and the wonderful families who love and support them. Orthodontic treatment is not a cosmetic procedure for children born with orofacial anomalies. Medically necessary orthodontic treatment is a procedure, and just as the successive surgical repairs, must begin at a specified point in a child's overall plan of treatment. Disruption of this treatment plan can result in long term consequences for future reconstructive treatment including speech impairment, breathing, functional and swallowing difficulties. Many families are not able to afford the high cost of orthodontic treatment which may start at \$5000 and exceed \$10,000. This bill would start the process to mandate insurance plans to help cover this cost for families. Our Hawaii Medicaid program has long covered the cost of medically necessary orthodontic treatment. Please support this Bill and ease the burden of the high cost of medically necessary orthodontic treatment for all of our Hawaii families with children born with orofacial anomalies.

Thank you and aloha for this opportunity to testify and please pass HB 2522: Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

Megan Miyata

LATE

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

January 29, 14

HB 2522: Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the 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 HB 2522:** Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the 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 HB 2522: Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

Melissa Ann Newberg
Max Edward Newberg

LATE

Michele Elbertson
P O Box 5375
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The Honorable Representative Della Au Belatti, Chair and
The Honorable Representative Dee Morikawa, Co-Chair
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Twenty-Seventh Legislature
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January 29, 2014

HB 2522: Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

My name is Michele Elbertson. **I am providing written testimony in strong support of HB 2522:** Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the 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 HB 2522: Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

Michele Elbertson

LATE

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

January 29, 2014

HB 2522: Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

My name is Vivian Realista. **I am providing written testimony in strong support of HB 2522:** Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the 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 will have his second BAHA implant soon. 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 his parents 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 HB 2522 for the many other children who must have 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 HB 2522: Requires each individual or group accident and health or sickness insurance policy issued or renewed after December 31, 2014, to provide coverage for medically necessary orthodontic services for the treatment of orofacial anomalies.

Vivian Realista and Armando Realista