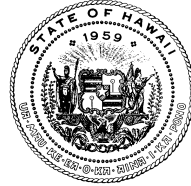


NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



LINDA ROSEN, M.D., 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 and Commerce and Consumer Protection**

**H.C.R. 100, 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 Linda Rosen, M.D., M.P.H.  
Director of Health**

**April 15, 2014**

1 **Department's Position:** The Department of Health (DOH) would like to provide comments on  
2 H.C.R. 100 that is a step toward improving the access of children and youth with orofacial anomalies to  
3 medically necessary orthodontic services.

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

8 **Purpose and Justification:** H.C.R. 100 requests the Auditor to conduct an impact assessment report on  
9 mandating health insurance coverage of orofacial anomalies.

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

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 problems, frequent ear infections, hearing loss, speech delays, dental and orthodontic malocclusion, and  
5 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.



**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

April 15, 2014

The Honorable Josh Green, Chair  
Senate Committee on Health  
and

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

Dear Senators Green and Baker, and Members of the Committees:

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

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

The Council is aware that Section 23-51, HRS, requires that before any legislative measure mandating health insurance coverage can be considered, concurrent resolutions must be passed by the Legislature requesting the Auditor to submit a report to the Legislature that assesses both the social and financial effects of the proposed mandated coverage.

The Council recognizes that orthodontics has been a covered medical benefit of the Hawaii Medicaid program for several years, and medically necessary orthodontics are included as an essential health benefit under pediatric oral health in the State's healthcare benefits package. However, private health insurers are NOT mandated to

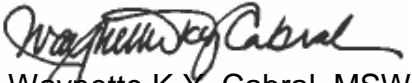
The Honorable Josh Green  
The Honorable Rosalyn H. Baker  
Page 2  
April 15, 2014

provide the coverage. Without treatment, the individual will experience a lifetime of consequences associated with nutritional and functional deficiencies, speech impairment, malocclusion and premature tooth loss, and adverse psychosocial effects.

The Council appreciates the Legislature's initiative in addressing mandated coverage of medically necessary orthodontics by private health insurers and looks forward to the results of the Auditor's report.

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

Sincerely,

  
Waynette K.Y. Cabral, MSW  
Executive Administrator

  
J. Curtis Tyler, III  
Chair

Testimony of  
John Kirimitsu  
Legal and Government Relations Consultant

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 Brian T. Taniguchi, Vice Chair

April 15, 2014  
9:20 am  
Conference Room 229

**HCR 100      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 orofacial anomalies.

**Kaiser Permanente Hawaii supports this resolution.**

We support asking the legislative auditor to study the social and financial impacts of this proposed coverage for orthodontic care. We offer for your consideration a couple of 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 study of the other states in the U.S. which have implemented this mandated coverage for orofacial and related disorders to examine what the social and financial impacts have been in those states; and

711 Kapiolani Blvd  
Honolulu, Hawaii 96813  
Telephone: 808-432-5224  
Facsimile: 808-432-5906  
Mobile: 808-282-6642  
E-mail: john.m.kirimitsu@kp.org

BE IT FURTHER RESOLVED that the Auditor is requested to research whether any part of this proposed mandated coverage should be covered under a policy holder's dental insurance coverage.

Thank you for your consideration.



55 Merchant Street  
Honolulu, Hawai'i 96813-4333

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

808-535-7401  
www.hawaiipacifichealth.org

**Tuesday, April 15, 2014; 9:20 am**  
**Conference Room 229**

**The Senate Committee on Health**

To: Senator Josh Green, Chair  
Senator Rosalyn Baker, Vice Chair

**The Senate Committee on Commerce and Consumer Protection**

To: Senator Rosalyn Baker, Chair  
Senator Brian Taniguchi, Vice Chair

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

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

**Testimony in Support**

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

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

Medically necessary orthodontics for orofacial anomalies has been a covered medical benefit of the Medicaid program. Several states also provide orthodontic treatment as a mandated health benefit. This resolution is a step toward parity with the Medicaid program and aligning Hawaii with other states. Thus, we strongly support health insurance coverage for the treatment of orofacial anomalies and are supportive of allowing the auditor to conduct an assessment of such coverage. Thank you for the opportunity to provide this testimony.



Eileen Matsumoto, R.N.  
237 Kaiolohia Place  
Honolulu, HI 96825  
April 13, 2014

The Honorable Josh Green, Chair  
Senate Committee on Health  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

Re: HCR100 / HR74

Dear Senator Green and Members of the Committee:

My name is Eileen Matsumoto, a registered nurse with thirty three years of nursing services in both the private and public sectors. My experience includes hospital/tertiary care, home care, quality assurance review, and case management / care coordination services.

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

Cleft lip and Palate is one of the most common orofacial anomaly or birth defect. Other orofacial anomalies include Treacher Collins Syndrome, Pierre Robin Syndrome and Hemifacial Microsomia. One in five hundred children born in Hawaii have an orofacial anomaly. These infants and children require long term medical, surgical, dental and orthodontic services throughout infancy into late adolescence. In addition, they require habilitative services such as speech, hearing and early intervention services. The estimated cost of care for these children is over \$100,000. Care for these children is coordinated through multidisciplinary team of specialists at three major hospitals on Oahu.

During childhood, dental and orthodontic treatment becomes an important part of the reconstruction of the birth defect. Craniofacial teams consisting of medical and dental specialists coordinate timing of specific interventions related to their teeth and jaws.

In Hawaii, commercial health plans do not cover medically necessary orthodontic treatment of orofacial anomalies. This is not a cosmetic intervention. With cleft lip and palate, orthodontics is needed to prepare for bone grafting of the cleft defect between the teeth in the upper jaw. Once the bone grafting surgery is completed and the site healed, the orthodontist needs to align and stabilize teeth structures and correct malocclusions to improve functional aspects of chewing and biting. The reconstructive surgery and orthodontic treatment also improves speech and breathing for many children. Children with orofacial anomalies may have self- image issues and these interventions lead to improved self-esteem and adjustment.

Medicaid and the Affordable Care Act provide orthodontic benefits for the treatment of orofacial anomalies such as cleft lip and palate. Twenty states have enacted legislation requiring commercial health plans to cover orthodontics. In Hawaii, commercial health plans do not cover medically necessary orthodontic treatment. This is a disparity in health coverage. For parents who pay for commercial health plans, treatment is an out of pocket expense and can range from \$8,000 to



\$10,000 for two phases of orthodontic treatment. Treatment can be delayed and cause financial hardship for these families.

To address this disparity, a study is needed to examine the full implications of commercial health coverage for orofacial anomalies. States such as Massachusetts and California recently enacted legislation for orthodontic treatment of cleft lip and palate. Their findings indicate an average cost of less than 24 cents/year/member in Massachusetts, and in California, less than one cent/member/month. With more focus placed on value in health care, the benefits of health coverage for medically necessary orthodontic treatment will result in positive outcomes for everyone.

Thank you and aloha for this opportunity to testify **in support of HCR100 / HR 74** REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

Eileen Matsumoto, R.N.

Peter and Lee Ann Trang  
1244 N School Street  
Honolulu, HI 96817  
April 13, 2014

The Honorable Rosalyn Baker, Chair  
Senate Committee on Commerce and Consumer Protection  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

Re: HCR100

Dear Senator Baker and Members of the Committee:

Our names are Peter and Lee Ann Trang, concerned parents of a child born with an orofacial anomaly. We are here to provide testimony in strong support of HCR 100 requesting the auditor to assess the social and financial effects requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

Our son, Lincoln Trang, is now 2 years old. He was born with a bilateral cleft lip and palate. He has had 3 surgeries to date, and requires more in the future. In addition to these future surgeries and ongoing speech therapy, he will also need orthodontic care. Due to his birth defect, all these surgeries, therapy as well as orthodontic care are deemed medically necessary and therefore should be covered by health insurance.

Thank you and aloha for this opportunity to testify in support of HCR100 requesting the state auditor to assess the social and financial effects requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

Best Regards,  
Peter, Lee Ann and Lincoln Trang

Jon and Julie Anne Tamayori  
647 Kunawai Lane #111  
Honolulu, HI 96817

The Honorable Josh Green, Chair  
Senate Committee on Health  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

Re: HCR100 / HR74

Dear Senator Green and Members of the Committee:

Our names are Jon and Julie Anne Tamayori. We are residents of Hawaii and parents of Aimee Mengguo Tamayori, age 4.

**We are here to provide testimony in strong support of HCR 100/ HR 74**  
REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS  
REQUIRING HEALTH INSURERES TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY  
TREATMENT OF OROFACIAL ANOMALIES.

Aimee Mengguo was born in Jiangsu Province, China, in 2010 and was adopted by us in 2011 as a Special Needs child. At the time she had severe Cleft Palate and Cleft Lip conditions which have since been corrected surgically shortly after she arrived in Hawaii. These procedures were covered by HMSA insurance and were the first steps in the corrective process. The next steps, not currently covered by health insurance, require costly surgical bone grafting and orthodontic procedures typically done between the ages of 7 and 9. **These are not cosmetic procedures.** They are medically necessary for future health because the cleft in her bone and gums has prevented Aimee's teeth from growing properly and the floor of her nose from developing normally, as well as prevented normal speech development. If not corrected, the missing teeth and gum bone will have a negative effect on her eating, digestion, facial growth and appearance, not mention the effect on her speech development.

Requiring that health insurers provide coverage for medically needed treatment will greatly help families like ours afford the treatment that children like Aimee need in order to develop into healthy and functioning children and adults.

Thank you and aloha for this opportunity to testify **in support of HCR100 / HR 74** REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

Sincerely,

Jon and Julie Anne Tamayori

Lara Matsumoto, RN, MSN  
2886 Emerson Street, Palo Alto, CA 94036  
April 14, 2014

The Honorable Rosalyn Baker, Chair  
Senate Committee on Commerce and Consumer Protection  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

Re: HCR100

Dear Senator Baker and Members of the Committee:

My name is Lara Matsumoto. I am a registered nurse (RN), currently working in California, but I attended nursing school and spent four years working as an RN in the state of Hawaii.

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

I urge you to please join the 17 other states that have mandated orthodontic care coverage for orofacial and related disorders. As a healthcare provider I see the struggles that patients and their families face in covering the expenses of medically necessary interventions; I also see the improvements in quality of life that make such interventions deserving of such coverage. It is my belief that problems should be addressed “upstream” as opposed to in a reactionary fashion. From a humanitarian as well as financial standpoint, it is better to cover and treat orofacial anomalies through the specialized clinics mentioned in HCR 100, rather than to later cover and treat patients as they suffer from the (more expensive) complications of their untreated condition.

Let’s together work towards a healthier Hawaii and a brighter future for all of Hawaii’s children.

Thank you very much for this opportunity to testify **in support of HCR100 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.**

Lara Matsumoto, RN, MSN

Derrick Mishima  
95-1059 Aliana St, Mililani, HI 96789  
April 14, 2014

The Honorable Josh Green, Chair  
Senate Committee on Health  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

Re: HCR100 / HR74

Dear Senator Green and Members of the Committee:

My name is Derrick Mishima. I am a father of a child with Branchio-Oculo-Facial Syndrome.

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

My daughter, Jamie Yukiye Mishima, was born with multiple medical concerns. One of them was a bilateral cleft lip and palate. Although surgery has corrected this, she will need future treatment for her jaw and teeth. She has had and continues to have difficulty with speech and eating because of this. We have as a family dealt with continued financial difficulty stemming from the multiple surgeries and related doctor visits and checkups related to Jamie's condition. This matter will help to make sure that Jamie will continue to receive the treatment she needs to grow up normally and healthy.

Thank you and aloha for this opportunity to testify **in support of HCR100 / HR 74 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.**

Aloha,

Derrick Mishima

Mililani, HI

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

The Honorable Rosalyn Baker, Chair  
Senate Committee on Commerce and Consumer Protection  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

April 14, 2014

RE: HCR 100/HR 74 – Relating to Health

Dear Senator Baker and Members of the committee:

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 HCR 100, requesting the auditor to assess the social and financial effects requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies.

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. 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 payment of \$5,000-\$10,000 for something that is medically necessary. Our son has gone through so much and the added cost of surgery 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 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. Without this surgery, our son's speech, feeding, swallowing, self-esteem, etc. will be affected. It is unfair that MedQuest and Medicaid covers this surgery fully but private insurances consider is a cosmetic surgery. I humbly ask you to please pass HCR 100.

Thank you for this opportunity to testify and please pass HCR 100.

Sincerely,  
Kim Virtudazo



Sue Miller  
1920 Fern Street #A5  
Honolulu, Hi 96826  
4/14/14

The Honorable Josh Green, Chair & The Honorable Rosalyn Baker, Chair  
Senate Committee on Health  
Senate Committee on Commerce and Consumer Protection  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

**Re: HCR 100 / HR 74**

Dear Senator Green, Senator Baker and Members of the Committee:

My name is Sue Miller. I would like to provide testimony in strong support of HCR 100 / HR 74 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

I am passionate about the need to have health insurance companies provide coverage for orthodontia in cases of medical necessity such as with cranial/facial anomalies. Here is my story: I adopted a wonderful baby boy from China in 2001. Jacob was born with cleft Lip & palate. When Jacob's teeth came 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 very difficult to brush behind this tooth; my baby had a root canal when he was three years old. Jacob needs braces on his top teeth 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. I am blessed with a good job, but cannot afford to support my children and pay \$8,000 - \$10,000 for orthodontia my son needs in order for his medical treatment plan to progress. As a single parent, this expense will have a drastic effect on my ability to provide for Jacob and my other children, however, for Jacob's sake, I must find some way to pay for this treatment. Otherwise he will be negatively affected for the rest of his life with biting and chewing issues as well as missing and misaligned teeth. This is not a cosmetic issue – it is a medical issue.

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. Life is tough enough for kids who look different. Add to this the problems of not being able to bite or 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, having the State Auditor determine the social and financial effects of requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies is a step in the right direction.

Aloha and thank you for the opportunity to testify. Please – pass HCR 100 / HR 74.

*Sue Miller*  
Aka Jacob's Mom





Vivian Realista  
Armando Realista (age 17)  
Kapaau, Hawaii  
April 13, 2014

The Honorable Josh Green, Chair  
Senate Committee on Health  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

Re: HCR100 / HR74

Dear Senator Green and Members of the Committee:

My name is Vivian Realista. My husband and I are the proud parents of our son Armando Realista. Armando was born with an orofacial anomaly called Treacher Collins Syndrome. You have been Armando's doctor in the ER at the Hospital, and we thank you for your great skills and compassion in the ER, but mostly for your kindness when we see you around town.

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

Armando is now 17 years old. He has been through so many painful surgeries and procedures since he was an infant. He continues to see specialists regularly and is doing well with his Baha implant. As you know he still has his tracheostomy, and in the recent few years, endured two excruciating jaw distractions. All of Armando's surgeries and procedure have been part of a coordinated medical plan of care. Eventually, Armando's tracheostomy closure will happen and he can't wait for this because it will allow him more independence. The long orthodontia treatments will be scheduled and I am hoping all health insurers will recognize orthodontia treatment for kids with orofacial anomalies is not a cosmetic treatment. I cannot imagine children with orofacial anomalies not receiving orthodontia treatments because it could compromise their ability to eat, talk or even breathe. Please support HCR100 and HR74 which will further the process of helping other children born with orofacial anomalies receive their medically necessary orthodontia care.

Thank you and aloha for this opportunity to testify **in support of HCR100 / HR 74 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.**

Vivian Realista

Armando Realista

Kelli-Ann Frank Voloch, MD  
46-281 Haiku Rd.  
Kaneohe, HI 96744  
April 10, 2014

The Honorable Josh Green, Chair  
Senate Committee on Health  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

Re: HCR 100 / HR 74

Dear Senator Josh Green and Members of the Committee:

My name is Dr. Kelli-Ann Frank Voloch, Parent of a child with an original unique smile, Lifetime of Smiles Cleft lip and palate support group at Kapiolani Medical Center, Pediatrician at Waianae Coast Comprehensive Health Center and Assistant Professor at the University of Hawaii John A. Burns School of Medicine. I am providing this letter to request your strong support of HCR 100 / HR 74 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

Humbly request that you consider the above to bring parity among all families in the State of Hawaii. Orthodontic treatment of cleft lip and palate is NOT cosmetic. It is part of medical treatment due to the congenital birth defect. Remember Medicaid and Affordable Care Act provides coverage for all orthodontic treatment. This is a disparity in health coverage! We are seeking parity across all insurances.

As a parent of a pre-teen who has undergone multiple craniofacial surgeries and in phase 2/3 for Orthodontia we humbly request the Auditor to study the issue of health insurance coverage for **commercial / private plans**. Orthodontic treatment of cleft lip and palate and other orofacial (face and mouth) anomalies (birth defects) is **not** covered. We pay large premiums and pay taxes but do not get the benefits of orthodontia coverage for our child born with a cleft lip and palate. But it is covered for Medicaid patients. Why does this disparity exist? For working families all of the orthodontia is an out of pocket expense that can exceed \$10,000-\$12,000.

Thank you and aloha for this opportunity to support of HCR 100 / HR74 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES. Let's attain parity across ALL insurances for our children with Cleft lip and palate.  
SMILE today for the children born with Cleft lip and palate in Hawaii!

Kelli-Ann Frank Voloch, M.D.

Michele Elbertson  
P O Box 5375  
Kailua-Kona, HI 96745  
April 14, 2014

The Honorable Josh Green, Chair  
Senate Committee on Health  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

Re: HCR100 / HR74

Dear Senator Green and Members of the Committee:

My name is Michele Elbertson and I am the proud parent of Sammy who was born with an orofacial anomaly including a cleft palate and small jaw. Sammy has just had another palate surgery and is recovering well.

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

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. 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. We have recently needed to rely on state assistance to help us with Sammy's medical bills. When Sammy was covered under private insurance, orthodontia would not have been covered. We would not be able to pay out of pocket for orthodontia care would have been a great financial hardship and I would have been torn because this next step is critically important for Sammy. Please help me help all families of children with orofacial anomalies receive the orthodontia care they need by supporting this resolution. 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 **in support of HCR100 / HR 74 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.**

Michele Elbertson

Grace Miyata  
P O Box 185 Kealahou, HI 96750  
April 14, 2014

The Honorable Josh Green, Chair  
Senate Committee on Health  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813  
Re: HCR100 / HR74

Dear Senator Green and Members of the Committee:

My name is Grace Miyata and I have been a social worker working with children with various special health needs for over 28 years on Hawaii Island.

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

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

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

Thank you and aloha for this opportunity to testify **in support of HCR100 / HR 74 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.**

Grace Miyata

Robert Voloch  
46-281 Haiku Rd.  
Kaneohe, HI 96744  
April 12, 2014

Senate Committee on Health  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

Re: HCR 100 / HR 74

Dear Members of the Committee:

My name is Robert Voloch, parent of a child with an original unique smile and supporter of the Lifetime of Smiles Cleft lip and palate support group at Kapiolani Medical Center. I am providing this letter to request your strong support of HCR 100 / HR 74 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

Humbly request that you consider the above to bring parity among all families in the State of Hawaii. Orthodontic treatment of cleft lip and palate is NOT cosmetic. It is part of medical treatment due to the congenital birth defect. Remember Medicaid and Affordable Care Act provides coverage for all orthodontic treatment. This is a disparity in health coverage! We are seeking parity across all insurances.

As a parent of a pre-teen who has undergone multiple craniofacial surgeries and in phase 2/3 for Orthodontia we humbly request the Auditor to study the issue of health insurance coverage for **commercial / private plans**. Orthodontic treatment of cleft lip and palate and other orofacial (face and mouth) anomalies (birth defects) is **not** covered. We pay large premiums and pay taxes but do not get the benefits of orthodontia coverage for our child born with a cleft lip and palate. But it is covered for Medicaid patients. Why does this disparity exist? For working families all of the orthodontia is an out of pocket expense that can exceed \$10,000-\$12,000.

Thank you and aloha for this opportunity to support of HCR 100 / HR74 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES. Let's attain parity across ALL insurances for our children with Cleft lip and palate.

SMILE today for the children born with Cleft lip and palate in Hawaii!

Warm Regards,  
Robert Voloch

Melissa Ann Newberg and Max Edward Newberg

68-1853 Paniolo Place Waikoloa, HI 96738

April 14, 2014

The Honorable Josh Green, Chair  
Senate Committee on Health  
Twenty-seventh State Legislature, 2014  
State Capitol  
State of Hawaii  
Honolulu, HI 96813

Re: HCR100 / HR74

Dear Senator Green and Members of the Committee:

My name is Melissa Ann Newberg and my husband Max and I are the parents three wonderful and happy children. Our middle daughter, Alena, was born with a cleft lip and palate and a little bit about our journey so far.

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

Alena is now six years old and will soon start her long journey with orthodontic care. 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. Many families will be put in a position of depriving medically necessary orthodontia to their child because of financial difficulties. The financial burden of the orthodontia treatments is tremendous and we hope you will please consider supporting this bill for our daughter and for other families on this same medical journey. All children in Hawaii born deserve equal access to medically necessary treatment.

Thank you and aloha for this opportunity to testify **in support of HCR100 / HR 74 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.**

Melissa Ann Newberg

Max Edward Newberg

From: [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
To: [HTHTestimony](#)  
Cc: [kvoloch@yahoo.com](mailto:kvoloch@yahoo.com)  
Subject: Submitted testimony for HCR100 on Apr 15, 2014 09:20AM  
Date: Monday, April 14, 2014 9:58:33 AM

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## **HCR100**

Submitted on: 4/14/2014

Testimony for HTH/CPN on Apr 15, 2014 09:20AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marie Frank	Individual	Support	No

Comments: My name is Marie Frank, Grandparent of a child with an original beautiful smile and supporter of the Lifetime of Smiles Cleft lip and palate support group at Kapiolani Medical Center. I am providing this letter to request your strong support of HCR 100 / HR 74 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES. Humbly request that you consider the above to bring parity among all families in the State of Hawaii. Orthodontic treatment of cleft lip and palate is NOT cosmetic. It is part of medical treatment due to the congenital birth defect. Remember Medicaid and Affordable Care Act provides coverage for all orthodontic treatment. This is a disparity in health coverage! We are seeking parity across all insurances. As a parent of a pre-teen who has undergone multiple craniofacial surgeries and in phase 2/3 for Orthodontia we humbly request the Auditor to study the issue of health insurance coverage for commercial / private plans. Orthodontic treatment of cleft lip and palate and other orofacial (face and mouth) anomalies (birth defects) is not covered. We pay large premiums and pay taxes but do not get the benefits of orthodontia coverage for our child born with a cleft lip and palate. But it is covered for Medicaid patients. Why does this disparity exist? For working families all of the orthodontia is an out of pocket expense that can exceed \$10,000-\$12,000. Thank you and aloha for this opportunity to support of HCR 100 / HR74 REQUESTING THE STATE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES. Let's attain parity across ALL insurances for our children with Cleft lip and palate. SMILE today for the children born with Cleft lip and palate in Hawaii!

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](mailto:webmaster@capitol.hawaii.gov)



The Maga Family  
6207 Kawaihae Place  
Honolulu, HI 96825

April 14, 2014

The Honorable Josh Green, Chair of the Committee on Health  
The Honorable Rosalyn H. Baker, Chair of the Committee on Commerce and Consumer Protection, and Vice Chair of the Committee on Health  
The Honorable Brian T. Taniguchi, Vice 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 HCR100** – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR MEDICALLY NECESSARY TREATMENT OF OROFACIAL ANOMALIES.

We are the Maga family and testifying in strong support of HCR100. Our daughter, Anya Maga (the redhead on the attached flyer), was born with a unilateral cleft lip and cleft palate in 2009. By the age of two, she had gone through three reconstructive surgeries to correct these orofacial disorders. As you can imagine this was very difficult for our family, but these surgeries significantly improved her quality of life. The improvements in her speech, eating & breathing, and visual appearance are immeasurable. Fortunately, all of these surgeries were covered by health insurance.

As Anya grows up through adolescence and adulthood, it is nearly certain that she will require additional reconstructive surgeries for the same reasons outlined above. And while the reconstructive surgeries will be covered by medical insurance, the **medically necessary** orthodontic procedures required to prepare for the surgeries are not covered. Here are some facts regarding these procedures related to orofacial disorders:

- On average, their lifetime cost are over \$10,000
- They are normally covered by dental insurance, not health insurance
- **If covered** by dental insurance, the maximum lifetime benefit is normally \$1,500.

With minimal to no insurance coverage for these procedures, an undue burden will be put on our family to ensure Anya obtains the proper medical care. In addition, while our family will be able to plan and pay for these procedures, there are many other families throughout Hawaii that will not have this luxury and will either not get the necessary medical care or have it unduly delayed, resulting in a significant decline in their quality of life.

**Currently, seventeen states have mandated coverage for these procedures due to the fact that the additional cost to insurance providers and their participants is minimal, while the benefit to the individuals and families dealing with orofacial disorders is substantial.**

April 14, 2014  
Page 2

Studies in other states have shown that adding this coverage increases participants' insurance premiums by less than \$1 per year. This is why we are in strong support of HR74 AND HCR100.

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

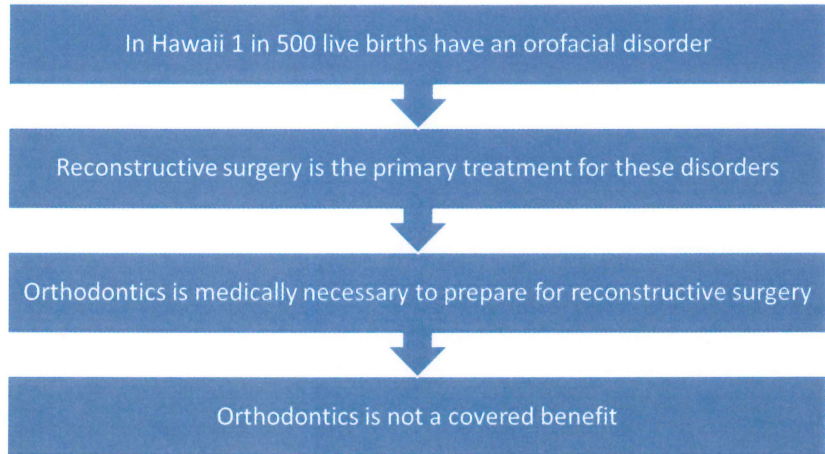
Respectfully submitted,

Jason Maga  
Michelle Pestel-Maga  
Anya Maga



# Support Mandating Medical Insurance Coverage for Orthodontic Treatment for Orofacial Disorders

A few facts about orthodontics and orofacial disorders:



<p><b>CONSEQUENCES</b></p> <ul style="list-style-type: none"> <li>-Nutritional and functional (chewing/swallowing) deficiencies</li> <li>-Speech impairment</li> <li>-Malocclusion &amp; premature tooth loss</li> <li>-Adverse psychosocial effects</li> </ul>	<p><b>COST</b></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><b>COMMUNITY</b></p> <ul style="list-style-type: none"> <li>-National rate 1:750</li> <li>-Hawai'i rate 1:500</li> <li>-352 babies born with cleft lip and/or palate in Hawai'i from 1986-2005</li> </ul>	<p><b>COVERAGE</b></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 Hilopa'a Family to Family Health Information Center info@hilopaa.org (808)791-3467