

# AAPD 2020 LEGISLATIVE FACT SHEET

## ACCESS TO ORAL HEALTH CARE: ENSURING LASTING SMILES ACT



AMERICA'S PEDIATRIC DENTISTS  
THE BIG AUTHORITY on little teeth™

**REQUEST:** *Co-sponsor the Ensuring Lasting Smiles Act (S. 560/H.R. 1379), legislation that would require all private group and individual health plans to cover the full medically necessary treatment of patients with congenital anomalies, including related dental procedures.*

### BACKGROUND AND JUSTIFICATION

The Ensuring Lasting Smiles Act (S. 560 / H.R. 1379) is bi-partisan legislation that was introduced by Sens. Tammy Baldwin (D-Wis.) and Joni Ernst (R-Iowa), and Reps. Collin Peterson (D-Minn. 7th) and Denver Riggleman (R-Va. 5th). As of February 6, 2020 these bills had 37 Senate co-sponsors and 280 House co-sponsors. Restoration of functioning dentition has a huge positive physical and psychological impact on children with such conditions; conversely if the children do not receive needed dental treatment they are subject to depression and other mental illness simply because they can't smile with confidence.

The coalition letter below was sent to the Chair and Ranking Member of the House Education and Labor Committee's Health, Employment, Labor, and Pensions Subcommittee prior to their hearing of Jan. 28, 2020, on several bills, including H.R. 1379.

Jan. 27, 2020

The Honorable Frederica S. Wilson  
Chair, Health, Employment, Labor, and Pensions Subcommittee  
House Committee on Education and Labor 2181 Rayburn House Office Building Washington, D.C. 20515

The Honorable Tim Walberg  
Ranking Member, Health, Employment, Labor, and Pensions Subcommittee  
House Committee on Education and Labor 2181 Rayburn House Office Building Washington, D.C. 20515

Dear Chairwoman Wilson and Ranking Member Walberg:

The undersigned organizations write to express our support for HR 1379, the Ensuring Lasting Smiles Act (ELSA). We appreciate your leadership in recognizing the importance of this bill by including it as part of the Health, Employment, Labor, and Pensions Subcommittee's Jan. 28 "Expecting More: Addressing America's Maternal and Infant Health Crisis" hearing.

This legislation – with more than 260 bipartisan cosponsors – will have a direct impact on patients and will eliminate the existing burdens that prevent access to necessary diagnosis and treatment for those with congenital craniofacial anomalies, such as cleft lip and palate, skeletal and maxillofacial abnormalities, facial paralysis, microtia, hypodontia, and craniosynostosis. Specifically, if enacted, ELSA will ensure all group and individual health plans cover medically necessary services, including needed dental procedures such as orthodontic or prosthodontic support, as a result of a congenital anomaly. It would exclude coverage for cosmetic procedures or surgery on normal structures.

The Centers for Disease Control and Prevention (CDC) classifies birth defects as "common, costly, and critical" and reports that one in 33 newborns in the United States suffers from a congenital anomaly. Craniofacial anomalies, for example, can restrict a patient's ability to breathe, eat, and speak in a normal manner. Therefore, highly personalized surgery to repair an anomaly helps the patient grow and function normally. Early intervention by a team of specialists, including plastic surgeons, oral and maxillofacial surgeons, pediatric dentists, orthodontists, dermatologists and speech therapists, is necessary to assess and oversee the patient's treatment and development, sometimes over the course of several years.

Most private health plans provide coverage for the surgical treatment of congenital anomalies and many states require insurers to provide coverage of any health services related to congenital anomalies or birth defects. Despite this, health plans often deny claims and appeals for oral or dental-related procedures – like orthodontia and dental implants – or other procedures, which are often crucial to the overall success of treatment, claiming these services are cosmetic.

Severe dental anomalies are a common symptom of many craniofacial anomaly conditions requiring serious medical treatment that is outside the scope of procedures covered by dental plans. As a result, patients are forced to incur significant out-of-pocket costs on medically necessary reconstructive dental care related to their disorder during their lifetime. When private insurance denies a child's reconstructive surgery, families many times end up turning to Medicaid, SCHIP, or other state-sponsored programs for coverage.

The Ensuring Lasting Smiles Act would address these coverage denials and ensure that all patients with birth defects or anomalies get the treatment they need.

For these reasons, we support the Ensuring Lasting Smiles Act and urge members of your subcommittee to help advance this bill through the House.

Sincerely,

**Academy of General Dentistry**

**American Academy of Dermatology Association**

**American Academy of Neurology**

**American Academy of Pediatric Dentistry**

**American Academy of Oral and Maxillofacial Pathology**

**American Academy of Oral and Maxillofacial Radiology**

**American Association of Oral and Maxillofacial Surgeons**

**American Association of Orthodontists**

**American Association of Women Dentists**

**American Behcet's Disease Association**

**American College of Surgeons**

**American Dental Association**

**American Society for Dermatologic Surgery Association**

**American Society of Dentist Anesthesiologists**

**American Society of Plastic Surgeons**

**FACES: The National Craniofacial Association International Pemphigus and Pemphigoid Foundation March of Dimes**

**M-CM Network**

**National Foundation for Ectodermal Dysplasias**

**National Organization for Rare Disorders**

**Operation Smile**

**Pathways for Rare and Orphan Studies**