

Ensuring Lasting Smiles Act (E.L.S.A.) S.560, H.R.1379

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INTRODUCTION

In the United States, one in every 33 children is born with a congenital anomaly or birth defect that affects the way they look, develop or function. These congenital anomalies include severe oral and facial defects such as cleft lip or palate, skeletal and maxillofacial deformities, hypodontia (absence of teeth), and enamel hypoplasia. These anomalies can interfere with a child's ability to breathe, speak, eat, and develop normally. Specialized surgery is needed to correct these anomalies. These procedures are reconstructive and are performed to correct abnormal structures of the body. Once the skeletal and soft tissue aspects have been corrected, the teeth often also need therapies to correct their alignment. The Ensuring Lasting Smiles Act (ELSA) works to support those who are affected by craniofacial anomalies, ensuring that they can receive all of the treatment they need to live a happy and healthy lifestyle.

ISSUE

Despite this, many insurance companies consider many of these services to be cosmetic, and while they may cover the preliminary surgeries, they will delay or deny follow-up or corrective procedures, including dental work related to the anomaly. This can result in incomplete treatment of the anomaly and further delay a child's developmental milestones. Families denied care by private health insurance companies, oftentimes, will still not qualify for safety-net programs like Medicaid and the Children's Health Insurance Program (CHIP). If the child is enrolled in these safety-net programs they may not include access to specialists trained in treating their child's needs.

IMPORTANCE

We advocate for children born with birth defects or congenital abnormalities to get the timely care they need. Treating these conditions in infancy may effectively decrease future healthcare costs to the individual as well as the insurance company.

Treatment of these congenital abnormalities and facial defects can be essential for proper feeding, speech and breathing. Denying a child treatment for these conditions can lead to a failure to thrive, and a decrease in academic and social behavioral performance.

For example, children born with cleft lip and palate may receive coverage for the cleft and lip repair surgeries as a baby, but if follow up procedures are needed such as bone grafting, guided-tissue regeneration, or implant placement, the families would be forced to pay out of pocket.

IMPACT

This policy would ensure that children born with congenital anomalies and birth defects are able to receive the treatment they need including corrective and dental related procedures into adulthood. Early intervention has the potential to decrease the severity of treatment and costs required in the future for these patients; as well as increase these individual's quality of life earlier on.

RECOMMENDATION

We support the passage of Ensuring Lasting Smiles Act (ELSA) to require all private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect. This would include inpatient and outpatient care and reconstructive services and procedures, as well as adjunctive dental, orthodontic, or prosthodontic support.

CURRENT PROGRESS

ELSA is currently being sponsored by Senators Tammy Baldwin (D-WI), Joni Ernst (R-IA), Sherrod Brown (D-OH), and Lisa Murkowski (R-AK). In the House it is sponsored by Representatives Collin Peterson (D-MN) and Denver Riggleman (R-VA). It was introduced into the House of Representative and the Senate on 2/26/2019. In the Senate, it has been referred to the Committee on Health, Education, Labor, and Pensions. In the House it awaits a vote.

We encourage healthcare providers and those who have experienced craniofacial anomaly repair to reach out to your representatives in the House of Representatives and your Senators. Share your story, and encourage them to support and vote yes on ELSA.

References

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3. Pfeifauf KD, Snyder-Warwick A, Skolnick GB, Naidoo SD, Nissen RJ, Patel KB. Primer on State Statutory Mandates of Third-Party Orthodontic Coverage for Cleft Palate and Craniofacial Care in the United States. *Cleft Palate Craniofac J.* 2018;55(3):466-469.