October 12, 2022

The Honorable Patty Murray Chair, Senate Committee on Health, Education, Labor and Pensions 428 Dirksen Senate Office Building Washington, DC 20510	The Honorable Richard Burr Ranking Member, Senate Committee on Health, Education, Labor and Pensions 428 Dirksen Senate Office Building Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Burr:

The undersigned organizations request your assistance with including S. 754, the Ensuring Lasting Smiles Act (ELSA), in any package scheduled to be taken up by the Senate before the end of the year. This important bill would 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.

The House version of ELSA (H.R. 1916) passed the House in April with 310 bipartisan votes. S. 754 has 42 bipartisan cosponsors and is under the jurisdiction of the HELP Committee. With few congressional days remaining in the 117th Congress, a year-end package is likely the only option to ensure the bill is enacted this year.

According to the CDC's National Center on Birth Defects and Developmental Disabilities, approximately 1 in every 33 babies born in the United States each year has a congenital anomaly, commonly referred to as a birth defect. Examples of craniofacial anomalies – deformities in the growth of the bones and soft tissue in the head and face – include cleft lip and palate, skeletal and maxillofacial deformities, facial paralysis, microtia, hypodontia (absence of teeth) and craniosynostosis.

These conditions often impede daily functioning, particularly that of the nose and mouth area, potentially restricting a patient's ability to breathe, eat and speak. Corrective procedures allow these patients to grow and function normally. While many private health insurance companies cover preliminary procedures for congenital anomalies, they routinely deny or delay follow-up or corrective procedures – notably, dental-related procedures involving orthodontia and dental implants – deeming them cosmetic or covered by dental plans.

Severe dental anomalies are a common symptom of many craniofacial anomaly conditions, but coverage limits in dental plans are more restrictive than those in health plans. As a result, patients are often forced to incur significant out-of-pocket costs on medically necessary reconstructive dental care related to their disorder during their lifetime.

If health insurance coverage is required by states, it may be limited to minor patients or patients with specific conditions, such as cleft lip and palate. Even in states with laws requiring health insurance coverage, ERISA plans are exempt from those requirements – making federal legislation essential to ensure coverage for all patients.

Please help us get this important legislation over the finish line this Congress so that we can help eliminate the burdens patients with congenital anomalies face when accessing necessary treatment.

Sincerely,

Academy of General Dentistry
American Academy of Oral and Maxillofacial Pathology
American Academy of Oral and Maxillofacial Radiology
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association for Dental, Oral, and Craniofacial Research
American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists
American College of Prosthodontists
American Dental Association
American Society of Dentist Anesthesiologists
American Student Dental Association