ELSA
COALITION
ENSURING LASTING SMILES ACT

July 14, 2026

The Honorable Bill Cassidy, M.D.
Chairman
U.S. Senate Committee on Health, Education, Labor, and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bernie Sanders
Ranking Member
U.S. Senate Committee on Health, Education, Labor, and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Brett Guthrie
Chairman
U.S. House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member
U.S. House Committee on Energy and Commerce
2323 Rayburn House Office Building
Washington, DC 20515

RE: Request for Committee Consideration and Vote on the Ensuring Lasting Smiles Act (ELSA)

Dear Chairman Cassidy, Ranking Member Sanders, Chairman Guthrie, and Ranking Member Pallone:

On behalf of the undersigned dental, medical, and patient advocacy organizations, we respectfully urge the Senate Committee on Health, Education, Labor, and Pensions and the House Committee on Energy and Commerce to take up and hold a markup on the Ensuring Lasting Smiles Act (ELSA) (S. 1677/H.R. 3277) before the end of 119th Congress. This bipartisan, bicameral legislation addresses a real and fixable gap in health coverage for children born with congenital anomalies affecting the eyes, ears, teeth, mouth, or jaw.

This issue is important because patients with congenital anomalies often require medically necessary provider-directed care to improve, repair, or restore normal function. Craniofacial anomalies such as cleft lip and palate, ectodermal dysplasia, maxillofacial abnormalities, microtia, hypodontia, congenital aphakia, pediatric cataracts, and other related conditions can affect a patient's ability to breathe, eat, speak, hear, see, and develop normally. These are not minor concerns, and they are not simply cosmetic. For many patients, treatment requires a coordinated team of specialists and may continue over the course of several years as the patient grows.

Although many health plans state that they cover congenital anomalies, patients and families still face routine denials and delays when follow-up or corrective care is needed. Insurers may cover the initial procedure but then deny orthodontia, dental implants, prosthodontic care, lenses for pediatric cataracts, or other medically necessary services by labeling them cosmetic or shifting them to supplemental dental or vision coverage. Those plans are often far less comprehensive than medical insurance, leaving families with major out-of-pocket costs even when they have private health coverage.

Delays in this care can have lasting consequences. When children cannot access timely reconstructive treatment, it can affect speech, nutrition, breathing, hearing, vision, appearance, and developmental milestones. Coverage denials can also push families toward Medicaid, the Children's Health Insurance Program, or other safety-net programs for care that should have been covered by their private health insurance in the first place. ELSA would help prevent that by aligning private group and individual health plans to cover medically necessary items and services needed to correct a congenital anomaly and restore function.

The bill has also been carefully written to answer concerns raised in previous Congresses. ELSA is focused on congenital anomalies in the craniofacial region and does not require coverage for purely cosmetic procedures or surgery to reshape normal body structures for appearance or self-esteem. Its purpose is straightforward: to make sure patients born with serious congenital anomalies are not denied medically necessary care because of a loophole in how insurers classify the treatment.

As Congress looks for ways to address rising healthcare costs, ELSA is a narrow and reasonable solution to help address those concerns. The bill will dramatically reduce out of pocket costs for the parents who have children with congenital anomalies. Furthermore, under the prior estimate from the 117th Congress, CBO found that insurance premiums would increase by less than 0.1 percent, and that estimate did not fully account for the savings that can come from preventing delayed care and avoiding more expensive secondary treatment later on.

There is strong bipartisan support for moving this legislation forward. ELSA is led by Senators Tammy Baldwin and Joni Ernst and Representatives Neal Dunn, M.D. and Kim Schrier, M.D., and it is supported by more than 70 national health professional and patient advocacy organizations. Support also includes members of both the House Energy and Commerce Committee and the Senate HELP Committee. Given that support, and the direct impact this bill would have on patients and families, we believe ELSA is ready for committee action.

We respectfully ask that your committees schedule ELSA for committee consideration, markup, and vote on the bill as soon as possible. Families dealing with congenital anomalies should not have to keep fighting denials for care that is medically necessary and functionally essential. Moving ELSA through committee would be an important step toward ensuring that these patients can receive the treatment they need without unnecessary delay or financial hardship.

Thank you for your attention to this important issue. We stand ready to work with you, your members, and committee staff to advance the Ensuring Lasting Smiles Act through the 119th Congress.

Sincerely,

ELSA Coalition Members and ELSA Supporting Organizations