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Co-Chair Greenlick, Co-Chair Thompson and members of the Committee, I do want to speak in support of HB 4128.

My daughter was born with severe bilateral cleft lip and palate. She has had 15 surgeries or major medical interventions and 400 speech and hearing therapy sessions. Getting insurance approvals for necessary medical procedures was difficult, with routine denial for any dental or orthodontic services.

My daughter had two missing sections of her upper jaw, an open palate, missing teeth and teeth emerging from strange places at strange angles. Her capstone surgeries involved grafting bone from the hip to the jaw and later cracking a jaw, implanting an external metal helmet and using traction for three months to pull the jaw into proper position. These restorative surgeries could not have been done without before-and-after orthodontia and special dental services.

Craniofacial correction takes a team. The key players are plastic and maxillofacial surgeons, orthodontists, and dentists. Each stage of treatment requires that teeth be moved into proper position. (You cannot quickly move teeth, or they will die.) So my daughter wore orthodontic devices for about ten years to slowly reposition teeth before and after surgeries. Some teeth that didn't want to emerge, had to be coaxed out via a mini anchor and chain, services of a dentist. If these special dental and orthodontia services were not provided, the surgery would not have been possible. It would have been the end of the road for corrective surgery.

Requests for insurance coverage for dental or orthodontic craniofacial work were routinely denied. Most group health insurance contracts exclude anything dental or orthodontic. Appeals were fruitless, largely filled with complicated and labor-intensive appeal protocols that take parents away from work and parenting responsibilities. One insurance company failed to observe due process and got fined by the Oregon Insurance Commission. This was a hollow victory, though, because it did not result in medical reimbursement.

My orthodontia bills resemble luxury car payments. It is a huge drain. But as a parent, I sacrifice what is necessary for my child. The family car got so old that we risked breakdowns on the way to the hospital. My children gave up some of their childhood as we pushed them to do their best in studies so they could get decent college scholarships. And the suit that I am wearing today is one inherited from my father.

By default, denial of orthodontic services for children with craniofacial disorders limits treatment and surgical options. Those who don't get treatment tend to be marginalized and have more difficulty in attaining scholastic and career success. This negatively affects Oregon's workforce.

My daughter's medical services were complete in 2011. Unfortunately, there has been some regression and her front teeth are hitting each other, which affects bite, speech, chewing and digestion. There are two options. The first is to break a jaw and adjust length. But 15 surgeries have left a lot of scar tissue and each surgery has a risk of mortality. The other option is

orthodontic; reposition the teeth so they do not self-sacrifice each other. Of note, the orthodontic route is cheaper than the surgical route. But the more expensive and dangerous surgical route may be necessary for insurance reasons. This is not in my daughter's best interest. So a short-sighted policy ostensibly to save money, will actually cost more money and put patients at risk. This is dysfunctional.

I am only stating the facts. I have learned to be a good advocate for my child. But, most parents get overcome and worn out by the system and give up.

Oh, and my daughter... The glee my daughter expressed when surgeries were complete and she could actually bite an apple was, as they say, priceless. She is a thriving freshman at a prestigious college thanks to some scholarships. She loves theater and is considering a career in diplomacy or human resources. Her resilience will ensure her success in any career she chooses.

Whatever happens to HR 4128 will be too late to benefit our family. So, I have no self-interest in this. But this bill will be a godsend for many Oregon families. It is now time to pass this legislation: it is becoming a standard mandate in many regions of the U.S. It is time for Oregon, too.

Thank you for the opportunity to speak to you today. I would be happy to answer your questions.