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American Association of Oral and Maxillofacial Surgeons

CRANIOFACIAL ANOMALIES



Please support the Ensuring Lasting Smiles Act to require health plans to cover treatment for patients with congenital anomalies.

Key details: The Ensuring Lasting Smiles Act (S 3369) was introduced in the Senate by Sens. Tammy Baldwin (D-Wis.) and Joni Ernst (R-Iowa).

The Ensuring Lasting Smiles Act (HR 6689) was introduced in the House by Reps. David Young (R-Iowa) and Collin Peterson (D-Minn.).

About congenital anomalies legislation

- This important legislation would correct inequities in health insurance coverage for the treatment of congenital anomalies.
- Specifically, it 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 congenital anomalies. It would exclude coverage for cosmetic procedures or surgery on normal structures.

Why is federal craniofacial anomalies legislation needed?

- According to the CDC's National Center on Birth Defects and Developmental Disabilities, approximately one in every 33 babies are born in the United States with a congenital anomaly, commonly referred to as a birth defect. Examples of craniofacial abnormalities include cleft lip and palate, skeletal and maxillofacial deformities, and hypodontia (absence of teeth).
- While these differences appear cosmetic, their condition often impedes daily functioning, particularly that of the nose and mouth area, which can affect a person's ability to breathe, eat and speak properly.
- Surgical procedures to correct these deformities allow these patients to grow up and live their lives free from the physical and psychological issues people with similar untreated deformities often encounter. These procedures are reconstructive in nature, performed to correct abnormal structures of the body – and are not cosmetic as health plans often claim.
- While coverage for other conditions associated with a congenital anomaly may be considered medically necessary, medical insurers often will not cover, for example, any dental work, even though it is considered related to a congenital anomaly under the pretense that such service is merely cosmetic or covered under separate dental plans. If coverage is allowed in states, it may be limited to minor patients or patients with specific conditions such as cleft lip and palate. Even in states with decent laws, ERISA plans are exempt from those requirements.



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