

My name is Loreta Boskovic, and I reside in North Portland (represented by Rep. Tina Kotek). I would like to thank the House Committee on Consumer Protection and Government Efficiency for this opportunity to voice my family's support of HB2525 and HB3160.

Over the last eight years, I have come into contact with many, many families affected by autism. I serve as the co-chair of the Family Advisory Committee for OHSU's Autism Program, and am a program coordinator for Family and Community Together, Oregon's Parent Training and Information Center for issues related to special education. As well, I am active in a local moms' group which boasts 230+ members scattered throughout the metropolitan Portland area. In all the time that I've been a part of this community, I can count on one hand the number of people who have gone through an insurance company's appeals process and made it to the external review process. We count ourselves among the lucky ones.

In our case, our health insurer (one of the largest non-profit health insurance carriers in the state) was denying coverage of an intensive behavior program that has widespread support in the medical community for its efficacy with children with autism. We appealed the denial, and went through all the levels of appeals that were allowed. At the same time, I filed a complaint with the Insurance Division, which assigned me an "advocate" who did not do much besides track paperwork between our family and our health insurer. In fact, he told me he didn't think I had a chance of winning the appeal.

From the very first denial to the Independent Review Organization's final decision, it took 8 months. I felt like I had to go through a crash course in medical research, legislation, and insurance regulations with each level of appeal, but it wasn't until our case was forwarded an independent review organization that it felt like we had a fair shot at having our request for coverage judiciously weighed.

In August of 2008, the IRO's decision came out in support of our request for coverage, and the health insurer began covering our son's treatment. We were extremely relieved to have it covered, and best of all, data indicated that our son was showing consistent progress.

Imagine our dismay when in December of 2010, we received a letter from an attorney's office representing our health insurer which stated that it had never agreed with the IRO decision, and was going to pursue efforts to cease coverage of our son's treatment. We accrued \$12,000 in legal fees from hiring an ERISA attorney to intervene on our behalf, which we continue to pay off to this day. After months of negotiations, our health insurer dropped its efforts, but we were still left holding significant debt. As someone who has experienced being at the whim of a health insurance company, I ask you to support HB2525 and HB3160.