February 4, 2020

To: House Committee on Health Care
RE: **Support for HB 4102**

My name is Kellie Sitton and have been fighting with insurance for four years to cover medical treatment that I am entitled to. My experience with insurance has been less than satisfactory and got worse when MODA contracted with Evicore. I have been diagnosed with an aggressive form of degenerative disc disease. The discs deteriorate to the point that the nerves get pinched and there are secondary symptoms. I have chronic nerve pain, muscle weakness, loss of sensation in my pelvic floor and loss of balance control. My insurance company has been anything but helpful. Every time my PCP, Neurosurgeon, Neurologist, or Urologist request an MRI or Xray it gets denied. My PCP, neurosurgeon and neurologist have all had to do peer to peer reviews to get tests and surgeries approved. My physical therapist's office has to constantly put in for more therapy approval and has to do peer to peer reviews and even then it isn't a guaranteed to be approved. The insurance always takes the maximum amount of time to review any request before issuing their denial or approval. This then again adds more time onto the time period for the procedure, test or therapy to be approved.

I have had 4 spinal surgeries at this point. Discs have been replaced, vertebrae have been fused. Each surgery though has been a struggle for me to get approved. I end up taking time off work to spend extended amounts of time on the phone with MODA only to be told that Evicore is reviewing my case. The last surgery took so long to get approved, with so many MRI delays, that permanent damage has been done at this point. I was recently diagnosed with cauda equina syndrome. That is a condition where your nerves have been pinched and compressed for such a long period of time that permanent damage occurs to your pelvic floor. This means that I no longer have sensation in my bladder, bowels or vaginal region. In other words, I am in constant danger of incontinence and other life changing occurrences. This it not something that should be happening to someone in their 40's when it could have easily been avoided by prompt medical care. This will now be a life long issue for me.

Currently, my neurosurgeon and neurologist both ordered that I receive physical therapy 2 times a week for 6 weeks. When the physical therapy clinic that I go to put in for approval through MODA/Evicore they only approved 1 visit. Then after many emails and phone calls with Evicore they final got 6 visits approved, only half of the number that the specialists ordered. So I go to PT, then we have to re-apply for approval for more visits. Evicore however reserves the right to take 10 business days to decide on their coverage. They always take the maximum time to reply with a decision and even in the best case scenario when they might approve something, it is 10 business days for them to say ok. 10 business days is two weeks in real life, so in reality I get to see my therapist once every two weeks rather than twice a week as prescribed by my specialists. Both of my specialists say that it is very important for me to have continuity of care to see if we can see any reductions of my symptoms but Evicore/MODA are making this impossible.

My doctors think that my current symptoms are related to a spinal issue in my sacral region of my spine. But when they try to order an MRI of that area, it gets denied. When my primary care doctor ordered it, it got denied because a different code needed to be used so, my neurologist ordered it and it got denied because there was a recent denial to another doctor's order and there is a waiting period that needs to be observed between denial and resubmission for the test. One would think that if multiple doctors agree that there is a scan that is needed that it should be a priority that a medical company should listen. How does this make any sense at all? How does this not show that insurance companies are practicing medicine without ever seeing the patient?
Before my discs started to fall apart I was a very active woman; I marathoned, I enjoyed hiking, backpacking, canoeing, kayaking, walking and exercised almost everyday of the week. I am a full time preschool teacher. Because of the delays of care and the permanent damage

that has resulted because of it I very sadly had to let my school know that when classes start again in September I will only be able to work part time because of my chronic pain and the amount of time it takes me to fight with my insurance company to get the therapy and other treatments I need to just function every day. If doctors were allowed to do their job and treat their patients then I truly feel I would not be in this position.

I watch how much time every office takes to get tests and treatments approved and how much money the insurance company wastes paying someone to deny doctor's orders when we would all be money ahead getting rid of these third party review companies. These companies also cost people like me wages and my school having to find a sub and pay them while I am at home fighting for my right to health care. My health care coverage is provided by my husband who is a public school teacher in Oregon City, people say teachers have great insurance and I used to think so until I needed to use it for something other than routine medical care.

In closing, I truly feel that companies like Evicore are costing people their health and an extreme amount of money that everyday citizens like me can not afford. I am just asking that you pass legislation to help working class people like me stay healthy while keeping heath care affordable.

Sincerely,
Kellie Sitton