

**Please Vote Yes on HB 3242 and HB 3243**  
**Kirsten Tilleman, April 18, 2023**

Chair Prozanski and members of the Committee, my name is Kirsten Tilleman and I lived in Portland until late January, when I moved to New Zealand to pursue my PhD at the University of Auckland. It's important to me to share my experience and lend my support to this legislation that would finally hold big insurance carriers accountable when they purposely hurt consumers they've been paid to serve.

I grew up in Montana where being active, particularly in the outdoors, became part of my DNA. I ended up in Oregon after being recruited to play basketball for Oregon State and made Portland my home for 8 years. I worked as a consultant to public transit agencies where we help identify hazards and develop procedures to promote safety and address security risk.

In October 2015, I was biking to work when I was struck by a cargo van driver. He ran over my bicycle and flung me off it but managed to stop before running over my body. I suffered several major injuries as a result. At the time, I was insured through USAA, so I opened a Personal Injury Protection claim.

My understanding of the PIP process is that it's available so an injured person can be treated while waiting for the rest of their claim to unfold. For the first couple months post-accident, I was able to focus on my doctor's visits, prescribed physical therapy and chiropractor appointments. At the time of the accident, I was in fantastic shape. I was training in Muay Thai Kickboxing, playing City League basketball, and training for half marathons and relays like Hood to Coast. My quality of life has always been directly tied to my ability to move my body.

My list of injuries included a concussion (despite wearing a helmet); injury to the muscles, tendons, and ligaments of my neck, back, and right SI joint; assorted deep contusions; severe muscle pain on the right side of my body from impact: right shoulder, ribs, knee and ankle. All would require ongoing treatment.

Three months after the accident, I was making some progress in my recovery but not even close to where I was before. USAA, having never examined me themselves, began to deny my claims on the grounds that I should be completely recovered. Through USAA's contractor, a doctor in Florida who never talked to me, let alone physically examine me, wrote an opinion that I should be perfectly back to normal. This doctor had no sense of what I had been through. He was almost heartless.

All I wanted was my medical bills paid, nothing more, so I could continue focusing on getting my life back. Because of the pain and physical injuries from the crash, I was turning down opportunities to participate in events with family and friends that give me my purpose. Skiing, hiking, Hood to Coast. I even had longstanding plans to participate in the Highland Games, but I had no choice but to cancel. The pain was so severe at times I would even be forced to leave work. PT exercises are part of my regular exercise routine to this day.

When USAA started denying my providers' bills, they were forced to spend hours filing appeals and talking with USAA reps. It would often take USAA weeks just to review and respond to individual appeals. Weeks would come and go and providers would spend more time following up and providing more info when asked.

This all added to my stress, interrupting my recovery. I never wanted to involve lawyers, but my insurance provider left me no choice by continually denying me access to care. I remember the day I brought an attorney in, I felt the weight had been lifted off my shoulders. I still feel no one should have to hire a lawyer just to deal with their own insurance company they have been paying premiums for years, but they leave customers no choice.

One thing that became obvious through this was that USAA knew what they should be paying, but they also knew that most people would stop fighting if they kept delaying and denying their claims.

Yes, I am upset about the unnecessary trauma USAA put me through; I am *livid* about how many times they must be getting away with it against others who cannot--for whatever reason--fight back. USAA's offense is made even worse when it's an insurance company that markets itself to veterans and their families as an alternative to "those other insurance companies that give you the runaround" (a quote from a USAA radio ad I heard in Portland last year). It's not right. You all have the opportunity in HB 3242 and HB 3243 to hold insurance companies accountable to their customers and protect Oregon consumers. **Please vote Yes on HB 3242 and HB 3243.**