

Oral Testimony of Jill Tappert
Before the Colorado Senate Committee on Health and Human Services
Regarding Senate Bill 09-061
February 4, 2009

Good Morning Madame Chair and Members of the Committee.

My name is Jill Tappert. I am testifying in favor of Senate Bill 61.

I have had the experience of going through an entire appeals process with an insurance company: a lengthy and costly process that could have been avoided, or at least been more efficient, if the people, maybe even just *one* person, who decided our claim had had expertise regarding the medical condition at issue.

Last year, I prevailed in a private arbitration case against Anthem Blue Cross and Blue Shield to cover ABA Autism Therapy for my young daughter, Abby. In his written opinion, Judge William Meyer noted the absence of a Colorado statute that would require the expertise that we are discussing today.

We went through several denials and two appeals prior to the lawsuit. By the time of the first appeal, I had submitted volumes of information, including referrals and letters of medical necessity from individuals who had substantial experience regarding Autism. The Medical Director who upheld the denial of treatment for my daughter had no expertise regarding Autism but, nonetheless, necessarily made decisions regarding Autism in order to make his determination. Moreover, I did not even have an opportunity to have a meaningful dialogue. It seemed, quite frankly, that no one had even read or understood the information I had provided.

At the second appeal, we met in person and I was accompanied by my daughter's treating and highly-qualified pediatric neuropsychologist. The doctors who upheld the denial again had no expertise regarding Autism. Yet they too made a decision regarding my daughter's treatment - a decision contrary to that of an individual with substantial expertise in the treatment of Autism. Moreover, despite the fact that we were in a room together, I again did not have an opportunity to have a meaningful dialogue because the doctors didn't even know what questions to ask.

As a result of this lack of expertise regarding the medical condition at issue, the appeal process was a sham. This was not a case of "reasonable minds can differ"; it was a vacuum.

I find it curious that insurance companies require referrals, letters of medical necessity, and, in our case, reams of documentation from individuals who have expertise regarding a medical condition, but then simply choose to replace those recommendations with their own less-informed judgment, not because they challenge the credibility or qualification of the doctor, but simply based on their less-informed and relatively unfounded opinion.

My family pays approximately \$1200.00 per month in health insurance premiums. It is a reasonable expectation that individuals making critical decisions regarding our health care have the expertise to make those decisions. If an insurance company says "no", the vast majority of Americans can not access health care. So, who is saying "no" - who are we permitting to have that immense power?

If SB 61 had been law at the time of our lengthy appeals process, I believe that either we would have avoided a lawsuit altogether or that the process would have been much more efficient, saving countless hours and dollars. We spent almost two and an half years of effort and energy on our request for coverage - time, energy and effort that is valuable and convertible into dollars, and that is also priceless to a family facing intense medical challenges.

Bear with me please for just one anecdote. At our second appeal, one of the doctors asked "aren't all people who have Autism extremely intelligent?" - in context his point clearly was, "what's so bad about being a 'Rainman'?" This person was making a decision that would have a life-altering impact on my six-year-old daughter. I was horrified; you should be too.

Thank you for your time and consideration.