

HB371

Written testimony of Elizabeth Haddad

My name is Elizabeth Haddad and I am a retiree with the OPERS retirement system, my health care has been provided by Medical Mutual since the date of my retirement after 31 years of public service in 2018.

In December of 2020 I was seen by my OB GYN for my annual women's well check, I was 51 years old at the time, she recommended at that time that I have an annual mammogram as I have a family history of breast cancer and dense breast tissue. I had already received a letter from Medical Mutual at this time that said they would begin to follow the screening recommendations set forth by the USPSTF; these guidelines provided for one mammogram every two years; regardless of family history or dense breast tissue. My OB GYN told me she believed that the Ohio revised code provided coverage for annual screening mammograms and that regardless of the insurance coverage I needed the mammogram.

In January of 2021, I went for the mammogram, it was once again noted that I have dense breast tissue and the radiologist made a recommendation for annual screenings. A few weeks later I was billed for the mammogram and radiologist review. Both claims were denied by Medical Mutual due to the fact that they follow USPSTF guidelines. I appealed the decision and that claim was denied as well.

I started an exhaustive online search and I found that even medicare will cover an annual mammogram and that the CARES act even included language that provided for an extension on the moratorium on adopting the USPSTF standards. The way that Medical Mutual gets around this is by being "self funded"; apparently when you are self funded you pretty much get to decide which mandates you will follow. Medical Mutual suggested that I have the bill resubmitted as a "diagnostic" mammogram instead of a screening mammogram. By coding the mammogram as diagnostic my deductible and co insurance would apply. The only problem was; I didn't have a diagnostic mammogram, I had a screening mammogram and they are entirely different and this was after the test had already been performed. After months of going back and forth with OPERS and Medical Mutual and they being unwilling to bend at all I paid the \$600 bill in full for my mammogram, since this was considered "uncovered" by Medical Mutual the \$600.00 didn't even apply to my deductible.

It is my hope that all women would have access to medical care and life saving testing when needed, what was profoundly unreasonable during this instance was the fact that I pay a high monthly premium for coverage from a major carrier and I was denied a screening mammogram. The truly disturbing part was the fact that the solution provided was to have the doctors involved to re-write the mammogram prescription for a version of the test that I didn't even have conducted. It is my hope that even "self funded" insurance providers will be forced to follow the Ohio Revised Code allowance for annual mammogram screenings. The fact that so much time, energy and resources must be expended to fight for this life saving test for women seems ridiculous. We know mammograms save lives, lets allow women to get them annually. I am now 52 years old, with a family history of breast cancer and dense breast tissue; under these guidelines Medical Mutual through the Ohio Public Employee Retirement system STILL follows USPSTF guidelines and I am only entitled to a mammogram every other year. This is insanity.