The proposed solution covers emergency services, and resolution to disputes, but does not cover other billing issues not created by the patient that are similar under the Balance Billing issue. For example, I do not see any language that pertains to the following two issues:

1. When a bill for an ongoing treatment like CPAP was intiated and approved under a heàlthcare plan in a prior year, and the payments for rental or lease of equipment were initiated within that prior plan, but the providor is not in-network in the current year, and now the patient must pay the difference or the entire amountmof the health service.

The current year's health plan must accept and continue that contract at the negotiated rate to completion of that contract and not force the Patient to abandon equipment for the expected lifetime of the equipment including maintenance supplies and service of the equipment, unless the Health Insurer will substitute the equipment for one already approved without additional costs.

I know of three people on CPAP already in this situation - myself being one of them.

2. Another related issue is the lack of reponsibility and transparency for costs to the patient when an out-of-network providor is chosen for the patient by the healthcare practioner and their staff when ordering labs, DME, or other medical services for the Patient.

Patients are being obligated to pay for services or equipment ordered by someone that is not obligated to pay the difference between in-network and out-of-network expenses.

Patients should be assured that the healthcare providor and their staff are acting as an agent for the patient and not putting them in financial harms way.

Phillip Miller
[redacted]

Sent from Samsung tablet.