

I applaud the Pennsylvania Insurance Department for proposing a fix to the problem of balance billing. To me as a consumer, it's mind boggling that balance billing of consumers is not out-and-out illegal. To me it smacks of fraud.

If a consumer selects an in-network hospital, for e.g., how can they possibly be held financially responsible when that hospital turns around and subcontracts with an out-of-network provider? The patient has no way to know and have any say over, say, an out-of-network subcontracted provider who fills in a pinch. Providers and insurance companies should make allowances for this in their agreements with each other. In other words, when a hospital is listed as in-network all bills arising out of that hospital stay should be handled as in-network. Consumers are not a party to the negotiations and they cannot be expected to be held responsible.

Currently I have what is euphemistically called a "consumer driven high deductible" plan through my employer paired with a health savings account. It's not clear if it's your attempt to include this type of plan in your proposed legislation. If not already, I request that it is included.

Thank you for proposing this fix.

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