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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

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Jeffrey Romoff, President & CEO
University of Pittsburgh Medical Center
U.S. Steel Tower, Suite 6242
600 Grant Avenue
Pittsburgh, PA 15219

Dear Mr. Romoff,

Today, I read an article in the Pittsburgh Post-Gazette (enclosed) and could not believe what I was reading. According to this article, UPMC is refusing to allow cancer survivors to continue to see UPMC physicians, even if the patients pay out of pocket. While I understand that Highmark's low-cost Community Blue Plan does not include UPMC in its provider network, I can't understand how UPMC doctors refuse to continue to see their patient solely because the patient is a Highmark cardholder.

The story told is an example of a business practice that is both unethical and inhumane. Hopefully, by the time my colleagues and I are done this sort of behavior will also be illegal. This is one of the most alarming stories I have read in all my years as a legislator. This may be about business to you, but your business practices are interfering with the health and safety of real people, people who we represent as elected officials. UPMC's board and executive team have a mission, and a large part of that mission is providing health care to the sick and infirmed. UPMC's latest practice seems nothing but a crude and calculated business tactic intended to bring pressure to bear on one of your competitors, all the while forgetting that real people's lives are at stake!

It is my understanding that UPMC has a Patient Bill of Rights. Item No. 13 of that document states, in part, that "a patient has the right to medical and nursing services without discrimination based upon source of payment."

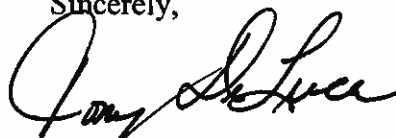
Cash seems to be an accepted way of payment in our society, but apparently not when it comes from UPMC patients holding Highmark Community Blue cards. It is clear from the article that UPMC is willing to treat other patients with Blue Cross/Blue Shield cards, even if UPMC is not in that patient's provider network. Typically, in these situations providers, including UPMC, will balance bill the patient because the patient chose to access an out of network provider. If Highmark is willing

to give these patients waivers in order to see out-of-network doctors of their choice, and the patient is willing to pay the difference, for what possible reason would UPMC deny such medical care?

In closing, I ask you to reconsider this business practice of shutting out consumers who want to access your medical facilities. Some of these patients have clearly been treated for cancer by medical professionals in your health system. These patients simply want to continue receiving care from their current physicians and are willing to pay out of pocket for the additional expense.

I will be urging the state officials copied on this letter, including the Governor, the Attorney General and the Insurance Commissioner to use any and all means all means available to end your horrific practice of shutting out sick patients.

Sincerely,



Tony DeLuca
State Representative
32nd Legislative District

Cc: Honorable Tom Corbett, Governor, Commonwealth of Pennsylvania
Honorable Michael Consedine, Commissioner, Pennsylvania Insurance Department
Honorable Kathleen Kane, Attorney General, Commonwealth of Pennsylvania
Honorable Mike Turzai, Republican Leader, Pennsylvania House of Representatives
Honorable Frank Dermody, Democratic Leader, Pennsylvania House of Representatives
Honorable Nicholas Micozzie, Republican Chairman, House Insurance Committee
Honorable Donald White, Republican Chairman, Senate Banking & Insurance Committee
Honorable Mike Stack, Democratic Chairman, Senate Banking & Insurance Committee
Scott Baker, Vice President for Government Relations, University of Pittsburgh Medical Center
Kari Kissinger, Deputy Secretary for Legislative Affairs, Office of the Governor
Kristen Erway, Director of Legislative Affairs, Pennsylvania Insurance Department

enclosures: