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August 26, 2010

Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
PO Box 8016
Baltimore, MD 21244-1850
Attention: OCIO-9994-IFC

**Re: Interim Final Rule Relating to Preexisting Condition Exclusion,
Lifetime and Annual Limits, Rescissions and Patient Protections
45 CFR Parts, 142, 146, 147
RIN 0991-AB69**

Ladies and Gentlemen:

I am writing on behalf of the American Federation of State, County & Municipal Employees (AFSCME), a union of 1.6 million active members and retirees throughout the United States. AFSCME appreciates this opportunity to comment on the Interim Final Rule regarding Preexisting Condition Exclusion, Lifetime and Annual Limits, Rescissions and Patient Protections under the Patient Protection and Affordable Care Act (PPACA).

AFSCME has fought to improve our health care system for decades and through the tremendous energy and commitment of our members, activists and leaders all over the country we played an important role in the passage of the PPACA. Because our members have fought and sacrificed for their health benefits coverage won at the bargaining table, one of our main health care reform objectives was to maintain and improve existing health coverage. We believe that these regulations help to address this goal. We offer the following comments in an effort to suggest improvements in the regulations in order to facilitate the achievement of the statutory objectives of the PPACA.

Specifically, AFSCME believes the regulation governing application of annual and lifetime limits should prohibit group health plans, and insurance issuers, from applying any limitation on annual or lifetime benefits for essential health benefits other than the annual dollar limits allowed during the transition period. Failure to do so will defeat the intent of PPACA because plans and issuers may simply replace current dollar limits with numeric limits on services. Such limits most commonly take the form of limits on inpatient days, physician office visits, outpatient procedures, numbers of diagnostic tests or procedures, etc. Clearly the intent of the law was to end all such limitations on essential health benefits. Section 147.126 should be changed accordingly.

American Federation of State, County and Municipal Employees, AFL-CIO

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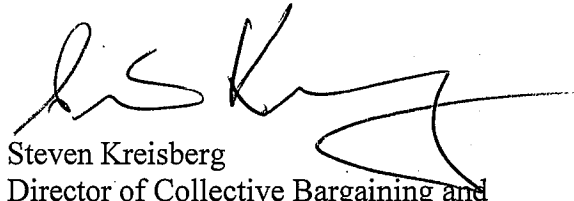
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In addition, group health plans and insurance issuers should be expressly prohibited from establishing dollar or numeric service limits on any sub-category of essential health benefits. A single, aggregate, annual limit on such benefits may be applied during the transition period. Thereafter, no limit may be applied to any essential health benefit. Section 147.126 should be changed accordingly.

Finally, if a group health plan or insurance is granted a waiver from the restricted annual limits in §147.126(d)(1) in accordance with (d)(3), the health plan or insurance that obtains such a waiver should not be considered qualifying employer sponsored coverage for a dependent under age 26 so that such dependent may be determined to be ineligible for coverage under a grandfathered employer sponsored health plan or insurance.

We appreciate your consideration of the foregoing and your efforts on behalf of the nation's health care consumers.

Sincerely,



Steven Kreisberg
Director of Collective Bargaining and
Health Care Policy

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