

PUBLIC SUBMISSION

| |
|------------------------------------|
| As of: July 25, 2011 |
| Received: July 19, 2011 |
| Status: Pending_Post |
| Tracking No. 80ec67cc |
| Comments Due: July 25, 2011 |
| Submission Type: Web |

Docket: EBSA-2010-0019

Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes Under the Patient Protection and Affordable Care Act

Comment On: EBSA-2010-0019-0002

Group Health Plans and Health Insurance Issuers: Internal Claims and Appeals and External Review Processes

Document: EBSA-2010-0019-DRAFT-0035

Comment on FR Doc # 2011-15890

Submitter Information

Name: Philip Batchelder

Address:

1001 Marina Village Pkwy #400
Alameda, CA,

General Comment

I wish to comment on the 10% threshold for translation and oral interpretation of private plan materials in the internal review and appeals contexts. I am an elder law attorney in a very linguistically diverse region, and I am very concerned that people with limited English proficiency don't have access to information that they can actually understand. The 10% standard is far too high. A more appropriate standard would be "5% of the plan's population or 500 persons in plan's service area" for large group plans, and 25% of population for small plans. Oral interpretation should be provided in all languages at all times. The direct impacts of this language barrier on non-English speakers have negative ramifications for society as a whole. Please revise the translation and interpretation standards as outlined above. Thank you.