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Comment On: EBSA-2010-0019-0002

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

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General Comment

On behalf of the Statewide Parent Advocacy Network of NJ, NJ's Family to Family Health Information Center and CHIPRA Immigrant Outreach & Enrollment Project, I wish to comment on the 10% threshold for translation and oral interpretation of private plan materials in the internal review and appeals contexts. Our organization works very closely with and on behalf of NJ's immigrant and limited English proficient families, especially those who have children with special healthcare needs. Based on our experience, we strongly feel that the proposed 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. Families with limited English proficiency, especially those who have children with special healthcare needs, cannot make good healthcare and health coverage decisions for themselves and their children unless they have access to written translation and oral interpretation. Healthcare should be a fundamental human right, and access to adequate translation and interpretation services is essential to securing that fundamental human right. For LEP families who have children with special healthcare needs, who are interacting with multiple healthcare providers, language access for their group plan, including the ability to communicate with their child's care manager often provided through their plan, is critical to ensuring that their child receives quality care across providers and maximizes health outcomes. The proposed rule would greatly weaken language access and thus have a negative impact on the health and wellbeing of our state - and country's - immigrant and LEP children and families.