

PUBLIC SUBMISSION

As of: July 25, 2011
Received: July 20, 2011
Status: Pending_Post
Tracking No. 80ec7216
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-0038

Comment on FR Doc # 2011-15890

Submitter Information

Name: victoria pulos

Address:

Massachusetts Law Reform Institute

99 Chauncy Street

Boston, MA, 02111

Email: vpulos@mlri.org

Phone: 617-357-0700 Ext. 318

Organization: Massachusetts Law Reform Institute

General Comment

These comments are submitted by the Massachusetts Law Reform Institute, a non-profit advocacy organization committed to working toward comprehensive, affordable and accessible health care for all Massachusetts residents including the limited English proficient (LEP) individuals who may be affected by the proposed rules. We urge you not to promulgate regulations limiting the obligation of private health plans to translate documents and provide interpreters only into languages spoken by more than 10% of the general population in the county for purposes of internal grievances and external appeals. In Massachusetts, this would result in no translated documents or interpreters whatever. A more appropriate standard would be 5% of the plan's population or 500 persons in plan's service area for large group plans.. Oral interpretation should be provided in all languages at all times.

Among Massachusetts' 6 million state residents, 1.2 million speak a language other than English at home and 42% report being less than proficient in English. However, application of the proposed 10% standard would result in no documents whatever being translated into prevalent languages and no oral interpretation whatever being required despite the high percentage of LEP

individuals in the state. This is not a reasonable standard and does not provide meaningful access to appeal procedures.

Ample medical literature shows the importance of good communication in order to achieve health care quality improvements and the connection between limited English proficiency and health disparities. E.g. Fores, Glenn & Tomany-Korman, Sandra C., The Language Spoken at Home and Disparities in Medical and Dental Health Access to Care, and Use of Services in US Children, *Pediatrics* 2008; 121: 31703-31714. The minimal standard proposed for translation of documents and oral interpretation in the important area of claims and appeals undermines the ACA's commitment to equal access and reducing disparities.