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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

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

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General Comment

I am deeply concerned about the proposed 10% threshold for translation and oral interpretation of private plan materials related to internal review and appeals. This threshold is much TOO HIGH and would impact significant numbers of limited English speakers (particularly Asian language speakers) from fully utilizing the services which they are purchasing.

The Centers for Medicaid & Medicare Services, Internal Revenue Service, and Dept of Labor should immediately revise these joint Interim Regulations. Specifically, please require that:

* Large plans provide notices in languages which represent 5% of the plan's population or 500 persons in a plan's service area and 25% of the population for small group plans.

* Oral interpretation is available in all languages at all times under Title VI of the Civil Rights Act of 1964, reiterated in Section 1557 of the ACA, and by Executive Order published at 65 Fed. Reg. 50,121-22 (Aug. 16, 2000).

* Members' spoken and written language need are identified (“tagged and tracked”) as required by Title VI Office of Civil Rights in order to ensure effective communication about medical instructions and vital patient information critical to the provision of quality care.

Do not be duped by health plans's claims that these regulations will be too costly. Similar legal requirements (SB 853) are currently in place and working in California. In fact, these federal regulations apply to a much narrower set of documents – notices about appeals and denials of medical coverage – than those covered by SB 853. The costs cited by health plans for written translation are one time costs for documents that will be used for many years to come.

Thank you for your attention.