PUBLIC SUBMISSION

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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

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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Submitter Information

Name: Joana Ramos
Address:
    Seattle, WA,

General Comment

On behalf of myself, 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 a health policy consultant and a Portuguese medical interpreter.

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, whichever is less" for large group plans, and 25% of population for small plans. Oral interpretation should be provided in all languages at all times.

These new proposed standards would completely leave out almost all LEP persons, including Portuguese-speakers. The standards also ignore well-documented knowledge about how language proficiency occurs on continuum. Sendo que informações sobre o seguro de saúde são essenciaias , e fazem parte integral do sistema de assistencia médica agora vigente nos EUA, seria negacão dos direitos civis dos pacientes nega-los accesso a assistencia linguistica.E sem acceso à comunicação, os custos iriam crescer, tanto para o setor de seguros, as demais empresas, os hospitais e clinicas, os médicos, como para os pacientes, em termos pessoais de sofrimento e em termos finaceiros para todos. Please ensure that the appropriate standard be enacted, do not take steps backwards that would jeopardize the health of so many and increase costs for systems and individuals.