

# 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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## General Comment

I work on a daily basis with foreign born communities in one of the least prepared places with one of the fastest & highest growing immigrant populations in the country, 8th in the nation as of 2008 and 2nd highest for a city for Hispanic growth. We have over 100 languages represented in the public schools, 87 in ESL classes. The majority do not meet the high number criteria proposed, but in total they number over 40,000 people who would be excluded!

I work with refugees who are entitled to government benefits but have no access to them because they are a small minority and their exotic languages are not known in this part of the country. It is imperative that oral interpretation be provided in all languages and at all times to them and to others in similar situations.

On the 10% threshold for translation in the internal review and appeals contexts, it is far, far too high and unrealistic. 5% is already high in a state like KY. and 400-500 is a better measure.

Otherwise, dozens of families within these language groups are excluded with critical consequences ensuing due to misinformation or worse, no information provided.