

**March of Dimes Foundation**

**Office of Government Affairs**  
1146 19<sup>th</sup> Street, NW, 6<sup>th</sup> Floor  
Washington, DC 20036  
Telephone (202) 659-1800  
Fax (202) 296-2964

[marchofdimes.com](http://marchofdimes.com)  
[nacersano.org](http://nacersano.org)

Amy Turner  
Office of Health Plan Standards and Compliance Assistance  
Employee Benefits Security Administration  
US Department of Labor  
200 Constitution Avenue, NW, Room N-5653  
Washington, DC 20210

**Attention: RIN 1210-AB41**

July 30, 2010

Dear Ms. Turner:

The March of Dimes Foundation submits the following comments in response to the Interim Final Rule (IFR) regarding “Group Health Plans and Health Insurance Issuers Relating to Dependent Coverage of Children to Age 26 Under the Patient Protection and Affordable Care Act” published by the Department of Health and Human Services (HHS). The March of Dimes is a unique collaboration of scientists, clinicians, parents, members of the business community, and other volunteers affiliated with 51 chapters in every state, the District of Columbia and Puerto Rico. The Foundation’s mission is to improve the health of women of childbearing age, infants and children by preventing preterm birth, birth defects and infant mortality. The March of Dimes is pleased to express support for the provision in law and the regulation permitting young adults to remain on their parents’ health insurance until age 26, and the Foundation requests one clarification on the policy stipulated in the IFR.

The March of Dimes has supported the policy to extend dependent coverage throughout the process to develop and enact federal health reform as a way to increase access to health insurance for women of childbearing age, approximately one in five of whom are uninsured according to Census Bureau data. Lack of health insurance is a barrier in accessing health services. The Centers for Disease Control (CDC) recommends that women of childbearing age receive preconception care services not only for their own health but also to help ensure better outcomes for future pregnancies. Preconception care allows providers to identify conditions or behaviors that can impact a future pregnancy and provide appropriate intervention. Examples include tobacco cessation services, nutrition counseling, and controlling chronic conditions such as hypertension or diabetes. This IFR will help more women obtain health insurance coverage and thus access to these important health services.

The March of Dimes is pleased that the IFR specifies that an insurer may not discriminate against a young adult eligible for coverage under this provision based upon student status, tax dependent status, residence with parents, or marital status. The Foundation is also glad to see that this IFR applies to all insurance plans regardless of grandfather status, and that dependents eligible for coverage under this provision must be offered the same benefits at the same cost as traditional dependents. All of these policies will make it easier for young adults to obtain health insurance through this new option.

With regard to how this option will work and exactly which young adults are eligible, the IFR states that grandfathered group health plans will not be required to offer coverage to young adults who currently have their own employer-sponsored health insurance or an offer of employer-sponsored health insurance. While the Foundation recognizes the common sense approach of this policy, we wish to point out that many employers offer new employees health insurance, but require the employee to be on staff for waiting period (for example, three months) before permitting the new employee to enroll in health insurance coverage. To help prohibit gaps in coverage, which can lead to gaps in access to needed health care, the Foundation urges HHS to make clear in the final regulation that young adults who gain access to their own employer-sponsored health insurance plan will be eligible to remain on their parents' health plans during such a waiting or probationary period.

Once again, the March of Dimes thanks you for working quickly to implement this new provision, which is estimated to provide coverage to up to 1.5 million young adults in 2011. Although it is estimated that this provision will raise the Foundation's health insurance premium costs by 1-3 percent next year, the March of Dimes remains steadfast in our support of this provision to help expand insurance coverage. All of us at the Foundation look forward to continuing to work with you on continued efforts to implement the Patient Protection and Affordable Care Act.

Sincerely,



Marina L. Weiss, Ph.D.  
Senior Vice President, Public Policy  
and Government Affairs

