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Group Health Plans and Health Insurance Coverage Rules Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act

Comment On: IRS-2010-0010-0001

Group Health Plans and Health Insurance Coverage: Interim Final Rules for Relating to Status as a Grandfathered Health Plan under the Patient Protection and Affordable Care Act

Document: IRS-2010-0010-0616

Comment on FR Doc # 2010-14488

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General Comment

See attached.

Attachments

IRS-2010-0010-0616.1: Comment on FR Doc # 2010-14488

August 11, 2010

Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Attention: OCIIO-9991-IFC
P.O. Box 8016
Baltimore, MD 21244-1850

Re: Interim Final Rule for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act

Below are my comments regarding the Interim Final Rule for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act (PPACA).

I believe that every effort should be made to increase the number of individuals covered by PPACA, especially as of January 1, 2014 when most of the reform components (Insurance Exchanges, Subsidies, Tax Credits, etc.) come into play.

Rather than using the generic comments provided me via my state organization, I have decided to give you my honest opinion on this topic. I see the positives and the negatives of our current health care system in my job every day, caring for patients in my pediatric and family wellness practice. My practice goes way beyond typical symptom-based care that our current system subsists of, and instead provides greatly improved health outcomes, measures, and creates true health and wellness in my patients lives. In summary, my practice makes incredible change, and does so very affordably through empowerment and prevention, saving the system thousands and thousands of dollars.

I strongly feel that if change is made, it must be uniform throughout. The "grandfather" clause would generate massive confusion and frustration on all ends... providers, employers, members, etc. Most patients are already confused greatly by their health insurance plans. In reality, even the people (me and my staff) who work with them daily are confused.

If you are going to make change, you must do so across the board. You must make it clearly defined, clearly understood, and clearly applicable to all persons.

When used appropriately, and for true health and wellness services that create health rather than sickness, insurance can be incredible for patients... saving them so much money, rewarding them for meeting good health measures, and so much more. When change is made, the "old" must be deleted, discarded, destroyed. The system we have now works about as well as the Chicago Cubs world series hopes, do not keep any of it around. Make the change, move forward and let's fix this thing.

My last tip... make the plans pay for true results, not symptoms. RCTs show nothing about health outcomes, just symptoms... base our new system around something that actually creates health, rather than simply trying to treat sickness. We deserve it, and there are people out there

who can deliver it. Chiropractors should lead that charge and work in unison with others who can as well. It may sound crazy, but nothing could ever be as crazy as continuing to do what is currently being done.

Thank you for the opportunity to comment on this regulation.

Anthony J. Ebel, DC, CACCP
Pediatric & Wellness Certified Chiropractor