



October 27, 2017

Submitted electronically via: e-ORI@dol.gov

Office of Regulations and Interpretations
Employee Benefits Security Administration
Room N-5655
U.S. Department of Labor
200 Constitution Avenue NW
Washington DC 20210

**Re: RIN 1210-AB39 – Claims Procedure for Plans Providing Disability Benefits;
Extension of Applicability Date**

Dear Sir or Madam:

The National Business Group on Health is pleased to respond to the Department of Labor's proposed rule regarding claims procedure requirements applicable to ERISA-covered employee benefit plans that provide disability benefits.

The National Business Group on Health represents 421 primarily large employers, including 73 of the Fortune 100, who voluntarily provide group disability and health plan coverage to over 55 million American employees, retirees, and their families. Our members generally provide this coverage through a combination of insured and self-insured arrangements.

As we discussed in our comment letter responding to the Department's April 2015 notice of proposed rulemaking (<https://www.businessgrouphealth.org/pub/?id=C31C4E61-782B-CB6E-2763-B85F65F25037>), we support the Department's efforts to protect plan participants' rights to adequate notice and full and fair reviews of disability claims. However, our members were and remain deeply concerned that many of amendments in the 2016 Final Rule will only increase participant confusion, plan costs, and litigation with little benefit to participants. We therefore welcome the Department's efforts to solicit additional public input and examine regulatory alternatives to the 2016 Final Rule.

We look forward to working with our membership and the Department to provide data on potential impacts of the 2016 Final Rule and additional comments on the merits of rescinding or modifying this rule. However, to that end, we recommend that the Department extend the comment period by an additional 60 days. Many of our members have fall open enrollments for 2018 employee benefit offerings and will not have sufficient time to gather and analyze the information the Department requests before

December 11, 2017. An additional 60 days will allow our members to provide more robust data and comments.

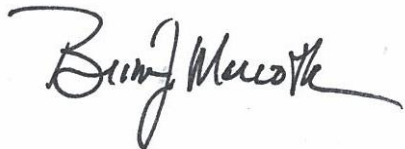
We also recommend that the Department delay the applicability of any amended disability claims procedures beyond the proposed 90 days. Our members are concerned that the Department will not have sufficient time to review additional comments, consider amendments, and issue final guidance within the proposed 90-day period. Furthermore, for plan sponsors, amending claims and appeals procedures—to conform with the 2016 Final Rule or any amendments thereto—will require time to:

- Amend relevant plan documents, policies, and procedures;
- Train benefits personnel on the new policies and procedures;
- Coordinate and potentially amend agreements with third-party administrators and carriers; and
- Communicate plan amendments to plan participants.

Our members are concerned that the proposed April 1, 2018 effective date will not allow adequate time to complete this process, particularly if final guidance differs from the 2016 Final Rule. We therefore we recommend delaying the effective date to the first day of the first plan year beginning 12 months after the issuance of final regulations or guidance.

Thank you for considering our comments and recommendations. We look forward to working with the Department on this issue. Please contact me or Debbie Harrison, the National Business Group on Health's Assistant Director of Public Policy, at (202) 558-3004 if you would like to discuss our comments in more detail.

Sincerely,

A handwritten signature in black ink that reads "Brian Marcotte". The signature is written in a cursive style with a long, sweeping underline.

Brian Marcotte
President