PUBLIC SUBMISSION

Docket: IRS-2010-0010
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-2010-0010-0060
Comment on FR Doc # 2010-14488

Submitter Information

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General Comment

See attached file(s)

Attachments

IRS-2010-0010-0060.1: Comment on FR Doc # 2010-14488

https://fdmserulemaking.net/fdms-web-agency/component/submitterInfoCoverPage?call=... 8/12/2010
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.

The average consumer has a broad definition of “benefits.” Consumers view their health plan
beyond the covered benefits, cost sharing, and the contribution levels associated with the plan.
It is my opinion that the Rule may still result in some confusion to the marketplace in its
application. For example, if an employer raised the copayment level beyond the maximum in one
area (i.e. outpatient services) but retained the copayment level for primary care doctor visits,
does that mean a loss of grandfather status? Clarity will be critical both for the employer and the
employee.

Even by the most optimistic estimates, a substantial portion of the employee population will
remain outside the PPACA as of January 2014 based on the current rules. While I understand the
difficulty involved in making change, creating another large sub-population of excluded
individuals will only add to costs, increase confusion, and mitigate the potential impact of the
legislation.

The Rule needs to be clear, reasonable, and with no ambiguities involved in determining whether
a group health plan is “in or out.” The decisions the federal government makes today will
determine the outcomes for tomorrow. We may need to make some difficult decisions to create
a sustainable health care system that will support a growing economy in the future. That means
getting as many citizens across the country participating at the beginning to make it work and
delivering on its promises to retain their support.

Thank you for the opportunity to comment on this regulation.

Michael J. Kochanski