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

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

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Submitter Information

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Organization: Group Comments Submitted by 17 Consumer and Patient Advocacy Organizations

General Comment

The undersigned organizations, representing millions of patients and consumers, thank you for the opportunity to comment on the recent regulations pertaining to the grandfathering provisions of the Affordable Care Act (ACA). We understand the challenges of drafting these particular regulations. The American people have been promised that if they like their insurance, they can keep it and expectations are high. At the same time, simple changes to an insurance plan can result in a plan that provides entirely different coverage for an individual or a group.

We appreciate the strong stance the interim final rule takes on changes to cost sharing. Americans depend on their health insurance to make access to health care affordable. If the cost of their health insurance benefits -- copayments or coinsurance -- increases, it clearly changes the nature of the coverage. Employers and plans have repeatedly tried to rein in the cost of health benefits by slowly chipping away at those benefits with increased cost sharing. Those plans that continue to chip away at benefits should not be able to circumvent the new patient protections afforded under the ACA.

We propose: I. Certain changes in plan structure, provider network and prescription drug formularies should result in cessation of grandfathered health plan status.

II. Certain substantial changes to the overall benefit design should result in cessation of grandfathered health plan status, including imposition of non-dollar value limits, elimination of benefits and reductions to or elimination of the appeals process.

III. Some aspects of the regulations should be clarified, including what happens if a plan stops offering dependent coverage and how the grandfathering regulations interact with the non-discrimination and wellness provisions of the ACA.

IV. Notice and enforcement mechanisms need to be strengthened.

(Cont'd in attachment)
