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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

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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

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General Comment

See attached file(s)

Attachments

IRS-2010-0010-0621.1: Comment on FR Doc # 2010-14488

Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Attention: OCIO-9991-IFC
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August 12, 2010

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

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.

Below are my concerns 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):

- 1) 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. The Rule may still result in some confusion to consumers 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.
- 2) Even by the most optimistic estimates, a substantial portion of the employee population will reportedly remain outside the PPACA as of January 2014 based on the current rules. While I understand the difficulty involved in making changes, creating another large sub-population of excluded individuals may very well add to costs, increase confusion, and mitigate the potential impact of the legislation.

My I suggest as others have, that the Rule be made more clear and without 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 additional difficult decisions in creating a **sustainable health care system** that is able to 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,

Dr. Robert King
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