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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-2010-0010-0938
Comment on FR Doc # 2010-14488

Submitter Information

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General Comment

See attached file(s)

Attachments

IRS-2010-0010-0938.1: Comment on FR Doc # 2010-14488
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 healthcare 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.  

Allison Bomar-Hyong