

From: [Kathleen Gmeiner](#)
To: [E-OHPSCA715.EBSA](#)
Subject: ATTENTION: RIN 1210-AB43 -- Comments on Patient Bill of Rights
Date: Friday, August 27, 2010 3:55:38 PM

August 27, 2010

Secretary Timothy Geithner
Department of the Treasury

Secretary Hilda Solis
Department of Labor

Secretary Kathleen Sebelius
Department of Health and Human Services

Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N-5653
U.S. Department of Labor
200 Constitution Avenue
NW., Washington D.C. 20210

ATTENTION: RIN 1210-AB43

UHCAN OhioComments on Interim Final Rules for 26 CFR Parts 54 and 602, 29 CFR Part 2590, and 45 CFR Parts 144,146, and 147: Requirements for Group Health Plans and Health Insurance Issuers Under the Patient Protection and Affordable Care Act Relating to Pre-existing Condition Exclusions, Lifetime Annual Limits, Rescissions, and Patient Protections

Dear Secretaries Geithner, Solis and Sebelius:

UHCAN Ohio is pleased to have an opportunity to comment on proposed regulations that will implement what has been referred to as The Patient's Bill of Rights. We have reviewed the comments submitted on August 20, 2010 by Community Catalyst (CC) and Health Care for All (HCFA) and concur in their comments.

http://www.communitycatalyst.org/doc_store/publications/Patients_Bill_of_Rights_Comments_8.20.10.pdf

We would like to add the following with respect to Ohio. Ohio has an administration that is strongly supportive of health care reform, but Ohio's legal framework is relatively weak in terms of regulating the insurance industry. For that reason, we note the particular comments that we find compelling in relationship to Ohio's situation:

- We concur with CC's and HCFA's urging of the explicit inclusion of all individual health plans in paragraph (a)(1) of the rules, requiring that children may not be subject to exclusion based on their pre-existing condition.
- We also concur with CC and HCFA in urging that there be very clear notification of the new prohibition on exclusion of children to anyone who has been denied coverage due to a pre-

existing condition.

- It is important in Ohio where there is weak regulation that HHS work with states to monitor the health insurance marketplace to make sure that families can afford coverage. Even with the existence of a high risk pool in Ohio as the result of the Affordable Care Act, we are finding that premiums are unaffordable to families due to the premiums, high deductibles and co-pays.
- We have great concerns about the limitation on annual caps on benefits being undermined by the possibility that insurance companies will limit the kinds of benefits available even while complying with the dollar amount limits. We concur with CC and HCFA's comments that it should be made explicit that both dollar volume and service volume fall within the restrictions on annual caps.
- UHCAN Ohio also concurs with CC and HCFA's comment that steps must be taken to ensure that insurance companies do not shift emergency care costs to consumers when the presenting condition requires overnight admission for purposes of stabilization. We hear from hundreds of people each year who have been subjected to significant medical debt, and often that debt starts with an ER visit.

Thank you very much for this opportunity to comment.

Sincerely,

Cathy Levine
Executive Director
UHCAN Ohio

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