

PUBLIC SUBMISSION

As of: July 25, 2011
Received: July 21, 2011
Status: Pending_Post
Tracking No. 80ec84b0
Comments Due: July 25, 2011
Submission Type: Web

Docket: EBSA-2010-0019

Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes Under the Patient Protection and Affordable Care Act

Comment On: EBSA-2010-0019-0002

Group Health Plans and Health Insurance Issuers: Internal Claims and Appeals and External Review Processes

Document: EBSA-2010-0019-DRAFT-0058

Comment on FR Doc # 2011-15890

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General Comment

Dear Committee Members

Having practiced medicine for 30 yrs I must oppose the 10% threshold for translation and oral interpretation of private plan materials in internal review and appeal contexts.

Without proper interpretation, we practice veterinary medicine on real human beings and the quality of care suffers immensely. Why go backwards on progress we made.

All health plan and insurance members pay premiums and receive marketing materials and calls in their primary language, but under these proposed regulations, they would not be able to access plan review and appeals materials to ensure they receive the care they need.

The Centers for Medicaid & Medicare Services (CMS), Internal Revenue Service (IRS), and Department of Labor (DOL) should immediately revise these joint Interim Regulations.

Specifically they should:

Require large group plans to provide notices to 5% of the plan's population or 500 persons in a plan's service area and 25% of the population for small group plans.

Provide oral interpretation in all languages at all times under Title VI of the Civil Rights Act of 1964, reiterated in Section 1557 of the ACA, and by Executive Order published at 65 Fed. Reg. 50,121-22 (Aug. 16, 2000).

Require the identification (“tagging and tracking”) of a member’s spoken and written language need as required by Title VI Office of Civil Rights in order to ensure effective communication about medical instructions and vital patient information.

California’s language access law, SB 853, has accomplished tremendous progress and leveled the playing field for health plans in CA. These federal regulations apply to a much narrower set of documents – notices about appeals and denials of medical coverage – than those covered by SB 853. In addition, the costs health plans are citing are one time translation costs for documents that will last many years.

Please help advance true access to quality care.

Sincerely,

Arthur Chen, MD