

PUBLIC SUBMISSION

As of: July 25, 2011
Received: July 21, 2011
Status: Pending_Post
Tracking No. 80ec8f4b
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-0067

Comment on FR Doc # 2011-15890

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General Comment

On behalf of UK Healthcare, I wish to comment on the 10% threshold for translation and oral interpretation of private plan materials in the internal review and appeals contexts. I am a Medical Interpreter at the University of Kentucky Healthcare System where countless patients are seen on a daily basis. The 10% standard is far too high. A more appropriate standard would be "5% of the plan's population or 500 persons in plan's service area, whichever is less" for large group plans, and 25% of population for small plans. Oral interpretation should be provided in all languages at all times. In our Hospital and Outpatient services LEP patients are provided with sensitive information about their conditions, diseases, treatments and health care needs in general that is translated into their languages for a better outcome of what ever their ailment or need is. It only makes sense to maximize the best possible scenario of a medical treatment after so much effort and resources are invested in taking care of our patients, this would reduce second visits to our facilities, recurrence, need for further procedures or treatment, etc. America is a country that prides itself in welcoming people who suffer persecution in many places worldwide, these refugees can not be abandoned once we have them here, and it is in the medical care field where they most appreciate our help. I truly hope you reconsider these changes.