

PUBLIC SUBMISSION

As of: July 25, 2011
Received: July 22, 2011
Status: Pending_Post
Tracking No. 80ec9d2d
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-0086

Comment on FR Doc # 2011-15890

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General Comment

I am a national consultant on language access in health care, and 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 work with health systems and health plans around the U.S., helping them make their services available to the significant and growing limited-English-proficient population in this country. In my professional opinion, the 10% standard is far too high. The previous standard for large plans of 5% of the plan's population or 500 persons in the plan's service area, whichever is less, and 25% of population for small plans, is much more appropriate. And oral interpretation should be available in all languages for all services. To do less will severely impede the ability of limited-English-proficient members to participate in and access the services for which they are paying. If we are, as a nation, going to require all people to have health insurance, then we need to make sure that they can benefit from their investment. Without adequate translation and interpretation, language barriers will preclude this benefit for over 12 million people in this country.