I have grave concerns regarding the regulation entitled "Definition of Employer-Small Business Health Plans RIN 1210-AB85".

First, by allowing plans that are not required to meet the fundamentals of Affordable Care Act compliance, you will create a category of plans that will draw the young and healthy away from the overall insurance pool, causing a spike in premiums for participants in those plans.

Second, by not requiring the association plans to provide essential health benefits, those who purchase such plans will be at great risk of assuming the plan that they purchase will cover what most would consider a standard or lifesaving procedure, only to discover later that the procedure is not covered - and finding themselves facing a stark choice between their health and financial ruin.

Finally, it's critical that health insurance regulatory oversight be managed through a central agency with expertise in healthcare, both for efficiency and to prevent
important errors. For example, your regulation states that "The ACA's requirement that essentially all individuals acquire coverage" will offset the risk of healthy people leaving the ACA marketplace for association plans. This assumption appears to rely on the individual mandate remaining in place - however that was removed as part of the tax plan just passed in Congress. There is no reason that some health insurance oversight would be within the Department of Labor while the vast majority is overseen by the Health and Human Services Administration.

I strongly urge you to withdraw this regulation, and to ensure that oversight of all health insurance plans is placed with the Health and Human Services Administration.

Thank you for your consideration. Please feel free to contact me at my contact information below.