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Group Health Plans and Health Insurance Coverage Rules Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act

Comment On: IRS-2010-0010-0001

Group Health Plans and Health Insurance Coverage: Interim Final Rules for Relating to Status as a Grandfathered Health Plan under the Patient Protection and Affordable Care Act

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Comment on FR Doc # 2010-14488

Submitter Information

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General Comment

See attached file(s)

Attachments

IRS-2010-0010-0810.1: Comment on FR Doc # 2010-14488

August 13, 2010

Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Attention: OCIIO-9991-IFC
P.O. Box 8016
Baltimore, MD 21244-1850

Re: Interim Final Rule for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act

To Whom It May Concern:

On behalf of the California Chiropractic Association (CCA), I am pleased to submit comments regarding the Interim Final Rule for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act (PPACA).

Given the variety of consumer protections afforded the public and a primary goal of PPACA to provide expanded health insurance coverage opportunities for the public, CCA believes that every effort should be made to increase the number of individuals covered by PPACA, especially as of January 1, 2014, when most of the reform components (Insurance Exchanges, Subsidies, Tax Credits, etc.) become effective.

As proposed, the interim final rule may result in marketplace confusion in its application. For example, if an employer raised the copayment level beyond the maximum in one area (i.e. outpatient services) but retained the copayment level for primary care doctor visits, does that mean a loss of grandfather status? Clarity will be critical both for the employer and the employee.

Even by the most optimistic estimates, a substantial portion of the employee population will remain outside the PPACA as of January 2014. While CCA does not underestimate the difficulty involved in making change, the negative trade-off of creating another large sub-population of excluded individuals and its related added costs, increased confusion and mitigation of the intent of the legislation seem to warrant additional efforts to prevent.

CCA believes that for the benefit of all – consumers/employees, employers, health care insurers and payers, health care providers and government enforcement agencies - the final rule needs to be clear, reasonable and with no ambiguities involved in determining whether a group health plan is excluded or not from the provisions of PPACA. Obviously, the decisions the federal government makes today will determine the outcomes for tomorrow. We may need to make some difficult decisions to create a sustainable health care system that will support a growing

economy in the future. That means getting as many citizens across the country participating at the beginning to make it work and delivering on its promises to retain their support.

Thank you for the opportunity to comment on this regulation.

Cordially,

William A. Howe III
Executive Director