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# PUBLIC SUBMISSION

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**Docket:** HHS-OS-2010-0014

Patient Protection and Affordable Care Act: Preexisting Condition Exclusions, Lifetime and Annual Limits, Rescissions, and Patient Protections

**Comment On:** HHS-OS-2010-0014-0001

Patient Protection and Affordable Care Act: Preexisting Condition Exclusions, Lifetime and Annual Limits, Rescissions, and Patient Protections

**Document:** HHS-OS-2010-0014-DRAFT-0023

Comment on FR Doc # 2010-15278

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## Submitter Information

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**Organization:** NYS Insurance Department

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## General Comment

The comments in the attached file are being submitted on behalf of the NYS Insurance Department.

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## Attachments

**HHS-OS-2010-0014-DRAFT-0023.1:** Comment on FR Doc # 2010-15278

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**Comments for HHS on its Interim Final Rules Relating to Preexisting Condition Exclusions,  
Lifetime and Annual Limits, Rescissions and Patient Protections  
File Code OCHIO-9994-IFC**

1. In addition to group and individual insurance, a number of states (including New York), have another category of health insurance known as blanket insurance. It is very similar to group insurance, however, it constitutes its own separate category. It is unclear from the Interim Final Rules as to whether the rules are applicable to blanket insurance. We favor uniformity in the health insurance market and suggest that the rules pertaining to group insurance be extended to also apply to blanket insurance.

2. It is not clear from the Interim Final Rules whether the provisions regarding lifetime and annual dollar limits apply to policies that are not available to the general public (e.g., individual conversion policy). The New York Insurance Law provides for conversion to individual policies for individuals losing coverage under certain types of group policies. These conversion policies contain lifetime and annual limits as provided for by state statute. However, they are only available to those individuals whose coverage ceases under the group policies described in the statute. The policies are not otherwise available to the general public for purchase. We suggest the rules clarify whether the prohibition of lifetime and annual limits applies to policies such as these that are not available to the general public.

3. The Interim Final Rules regarding lifetime and annual dollar limits make no distinction between in-network and out-of-network benefits. New York has interpreted this to mean that the rules apply to both types of benefits. However, we have received inquiries from insurers asking whether limits on out-of-network benefits would still be permissible. We suggest the rules clarify whether the prohibition of lifetime and annual dollar limits applies to both in-network and out-of-network benefits.

4. The Interim Final Rules regarding coverage for emergency services set forth the amount an enrollee may be required to pay for out-of-network provider charges relating to emergency services. New York does not view the Interim Final Rules as limiting state hold harmless protections. Clarification should be provided indicating that states may continue to apply hold harmless protections and that health plans may be required to pay amounts in excess of the amounts identified in Sections 147.138 (b)(3)(i)(A), (b)(3)(i)(B) and (b)(3)(i)(C).

5. It is unclear from the Interim Final Rules as to whether the rules are applicable to categories of groups in addition to employer groups such as associations. We favor uniformity in the group market and suggest that the rules be extended to all categories of recognized groups.

6. The Interim Final Rules regarding lifetime and annual dollar limits are silent as to whether plans may continue to utilize other types of lifetime or annual limitations, such as lifetime or annual visit limits. It is our understanding that a question was raised at the recent NAIC meeting as to whether the annual and lifetime limits apply to the number of visits as well as to dollar amounts. We suggest the rules clarify whether the number of visits is in any way limited by the regulation.