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General Comment

The Centers for Medicaid & Medicare Services (CMS), Internal Revenue Service (IRS), and Department of Labor (DOL) should immediately revise these joint Interim Regulations. Specifically they should:

Require large group plans to provide notices to 5% of the plan's population or 500 persons in a plan's service area and 25% of the population for small group plans.

Provide oral interpretation in all languages at all times under Title VI of the Civil Rights Act of 1964, reiterated in Section 1557 of the ACA, and by Executive Order published at 65 Fed. Reg. 50,121-22 (Aug. 16, 2000).

Require the identification ("tagging and tracking") of a member's spoken and written language need as required by Title VI Office of Civil Rights in order to ensure effective communication about medical instructions and vital patient information critical to the provision of quality care.

Reject bogus claims by health plans that these regulations will be too costly by using California's language access law, SB 853, as an example. These federal regulations apply to a much narrower set of documents – notices about appeals and denials of medical coverage – than those covered by SB 853. In addition, the costs health plans are citing are one time translation costs for documents that will be used for many years.