

# PUBLIC SUBMISSION

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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

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## General Comment

On behalf of the Center for Long-Term Care Reform at Health & Medicine Policy Research Group, 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 am a health policy analyst that works to ensure affordability, adequacy and accessibility in our nation's health care systems. My work specifically focuses on older adults and through collaborative projects we work with Illinois' Coalition for Limited English Speaking Elderly (CLESE). Through CLESE and other experience, we know how important interpretation and translation services are for non-English speaking individuals.

The 10% standard is far too high. A more appropriate standard would be "5% of the plan's population or 500 persons in plan's service area" for large group plans, and 25% of population for small plans. Oral interpretation should be provided in all languages at all times.

One of our key issue areas is currently transitional care from the hospital to another location of care. The implications for individuals not understanding their medical plan of care, discharge instructions, medications, etc. are immense. Readmissions to the hospital cost CMS over \$15 billion a year. A lot of readmissions occur with confusion of how to take care of oneself--and if interpretation and translation services are not readily available readmissions are more likely. This would also very likely create increased health disparities. Which is something the Federal government is trying to reduce.

All in all, reducing the availability of translation/interpretation services may save money in the short-term. But long-term the expense (in both dollars and human health) will be much larger.