

# PUBLIC SUBMISSION

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**Docket:** EBSA-2010-0019

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

**Document:** EBSA-2010-0019-DRAFT-0062

Comment on FR Doc # 2011-15890

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## Submitter Information

**Name:** Laura F Redman

**Address:**

National Center for Law and Economic Justice  
275 Seventh Avenue, Suite 1506  
New York, 10001

**Email:** redman@nclej.org

**Phone:** 212-633-6967

**Organization:** National Center for Law and Economic Justice

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## General Comment

July 21, 2011

Comments Submitted electronically: [www.regulations.gov](http://www.regulations.gov)

Docket No. 76 Fed. Reg. 37208-37234

Re: Group Health Plans and Health Insurance Issuers: Internal Claims and Appeals and External Review Processes

Dear Sir/Madam:

The National Center for Law and Economic Justice (NCLEJ) is a national organization that works through litigation, policy advocacy, training, and other approaches, to ensure that low income individuals have access to public benefits, including health insurance programs, and to ensure that

these programs are operated in compliance with the law. We have engaged in both litigation and administrative advocacy to ensure that individuals with limited English proficiency (LEP) have a meaningful opportunity to access public benefits and information regarding public benefits programs. From our advocacy we are also aware of the critical role of appeal and review processes for ensuring that eligible individuals can maintain benefits and services.

We are writing to comment on the Centers for Medicare and Medicaid Services (CMS), Internal Revenue Service (IRS), and the Department of Labor (DOL) proposal in the June 24, 2011 amendment to interim final rules (76 Fed. Reg. 37208-37234) to only impose a 10 percent threshold for translation and oral interpretation of private health insurance plan materials in the internal review and appeals contexts. The 10 percent standard is far too high. It is our understanding that under the proposed standard, approximately 12 million limited English proficient individuals would not get translated materials or be provided oral interpretation from their plans. This is unacceptable. Instead, we strongly urge CMS, IRS, and DOL to adopt a standard requiring documents to be translated into languages other than English when 5 percent of the plan's population or 500 persons in plan's service area for large group plans, and 25 percent of population for small plans, speak the language. We note that recent fina

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## **Attachments**

Private Health Plans LEP Comments Final July 2011

## **National Center for Law and Economic Justice**

275 Seventh Avenue, Suite 1506  
New York, New York 10001-6708  
(212) 633-6967; Fax (212) 633-6371  
redman@nclej.org - www.nclej.org

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Submitted by:

Laura F. Redman (redman@nclej.org)  
Mary R. Mannix (mannix@nclej.org)