

# PUBLIC SUBMISSION

<b>As of:</b> July 25, 2011
<b>Received:</b> July 21, 2011
<b>Status:</b> Pending_Post
<b>Tracking No.</b> 80ec8fe6
<b>Comments Due:</b> July 25, 2011
<b>Submission Type:</b> Web

**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-0072

Comment on FR Doc # 2011-15890

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## General Comment

On behalf of myself, 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 an independent contract interpreter and have been interpreting in the Salem, Oregon area for the past 11 years. 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, whichever is less" for large group plans, and 25% of population for small plans. Oral interpretation should be provided in all languages at all times. Even with the current standards, I often have to sight translate documents that have been sent to a client's home because they are not provided in their language. I know other interpreters have to do the same. The new proposed standards would only make things worse and completely fail to recognize the needs of the approximately 12 million limited English proficient individuals in the United States that are estimated to be affected by these regulations. Many of these individuals may receive marketing materials and calls in their primary languages, but will not be able to access plan review and appeals under the new rules. Even Spanish speakers will be left out in most of the country, as only 172 counties meet the 10% county population threshold for Spanish (out of 3,143 counties in the United States. Please reconsider your thresholds. Thank you for your time.