## **PUBLIC SUBMISSION**

As of: July 26, 2011 Received: July 25, 2011 Status: Pending\_Post Tracking No. 80ecae87

Comments Due: July 25, 2011 Submission Type: 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-0123

Comment on FR Doc # 2011-15890

## **Submitter Information**

Name: Kristen Washburn

Address:

1406-66th St Berkeley, 94702

Email: washburnkristen@gmail.com

**Organization:** individual

## **General Comment**

I have worked with senior immigrants for over 14 years, and I am extremely concerned about the dearth of written & oral translation in the proposed regulations. The 10% threshold for translation and oral interpretation of private plan materials in the internal review and appeals contexts is much too low. As a legal services attorney, I have always worked with low income seniors in immigrant communities. I have seen what happens to seniors who can not get the information they need in their own language - they experience loss of services, miss essential medications, and have to deal with medical bills. All this is stressful and confusing, and have serious consequences for our elderly. Oral interpretation should ALWAYS be available. For written translation, please follow the recommendations of NSCLC: "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.