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July 25, 2011

Submitted via www. Regulations.gov

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Kathleen Sebelius, Secretary

Centers for Medicare and Medicaid Services Department of Health and Human Services

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ATTN: CMS-9993-IFC2

Dear Secretary Sebelius:

On behalf of Community Legal Aid Services, Inc., I wish to comment on the 10% threshold for translation and oral interpretation of private plan materials in the internal review and appeals contexts. Community Legal Aid represents low-income people in an eight-county region in central eastern Ohio. We collaborate with health care providers in our region to help improve the access to the tools of good health needed by our clients. Individuals seeking our services speak a variety of languages, including Spanish, Russian, Serbian, Albanian, Romanian, and Hindi.

Regarding the language access provisions of proposed regulations governing group health plans and health insurance carriers, 76 FR 37208, 37234, we believe the definition of an "applicable non-English language" is too narrow. The 10% threshold is far too high. A more appropriate threshold would be "5% of the plan's population of 500 persons in the plan's service area" for large group plans, and 25% of population for small group plans. Oral interpretation should be provided in all languages at all times.

The narrowness of the draft regulations in limiting insurers' requirements to provide culturally and linguistically appropriate services to those it insurers is driven by convenience of the insurers rather then the needs of those individuals who health and health benefits are at stake. We respectfully request that you revise these proposed regulations to more broadly define the circumstances under which health insurers must provide notices and oral interpretation services in languages other than English to individuals.

Respectfully submitted,

Mari B. Curry

Marie B. Curry Managing Attorney

Health, Education, Advocacy and Law Project









