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# PUBLIC SUBMISSION

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**Docket:** IRS-2010-0010

Group Health Plans and Health Insurance Coverage Rules Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act

**Comment On:** IRS-2010-0010-0001

Group Health Plans and Health Insurance Coverage: Interim Final Rules for Relating to Status as a Grandfathered Health Plan under the Patient Protection and Affordable Care Act

**Document:** IRS-2010-0010-0023

Comment on FR Doc # 2010-14488

## Submitter Information

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**Organization:** International Imaging Industry Assoc.

**Government Agency Type:** Federal

## General Comment

August 4, 2010

Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
Room 445-G Hubert H. Humphrey Building  
200 Independence Ave. SW  
Washington, DC 20201

Re: OCIIO-991-IFC, The Interim Final Rules for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act

On behalf of the International Imaging Industry Association (I3A), I appreciate the opportunity to comment on the Interim Final Rules regarding grandfathered health plans under the Patient Protection and Affordable Care Act. I3A is a section 501(c)(6) corporate membership organization of more than 500 photo imaging industry executives and partners.

We are small sized tax-exempt organization with two full time employees, and have many obstacles to obtaining good, affordable health insurance coverage.

However, because the benefits of the Exchange will not be realized until 2014, most associations will continue to experience annual cost increases and lack of control over actual coverage until 2014. As such, the grandfathering of their existing coverage is extremely important, especially prior to the establishment of a working Exchange system.

We are greatly concerned that the grandfather provisions outlined in the Interim Final Rules are too restrictive and will cause many tax-exempt organizations like ours to lose the grandfathering they expected. If forced to consider options of a non-grandfathered plan before we have the benefit of an Exchange, we are concerned that we may be priced out of the market and may even have to drop coverage – something we do not want to do and a bizarre result given the intent of health care reform.

We would suggest for the transition period before the Exchange is established, that small employers be allowed to make cost saving changes. This could help these organizations adjust and preserve coverage in anticipation of greater reform.