



Office of Temporary and Disability Assistance

ANDREW M. CUOMO
Governor

MICHAEL P. HEIN
Acting Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

May 1, 2019

Administration for Children and Families
Office of Planning, Research, and Evaluation
330 C Street SW
Washington, DC 20201
Attn: OPRE Reports Clearance Officer
Email: OPREinfocollection@acf.hhs.gov

RE: COMMENTS ON PROPOSED INFORMATION COLLECTION ACTIVITY; NATIONAL MEDICAL SUPPORT NOTICE – PART A (OMB #0970-0222), March 19, 2019, Federal Register, Vol. 84, No. 53, page 10096

Dear Sir/Madam:

The New York State Office of Temporary and Disability Assistance (NYS OTDA) appreciates the opportunity provided by the Administration for Children and Families (ACF) to comment on proposed revisions to the National Medical Support Notice (NMSN) – Part A, OMB 0970-0222. We welcome the opportunity to submit comments that will increase the effectiveness of the NMSN as an administrative tool for the enrollment of children in employment-based health insurance coverage. The following comments are provided regarding the quality, utility, and clarity of the information to be collected, and the ways to minimize the burden of the collection of information. Unless otherwise noted, NYS OTDA supports the current format and language of the NMSN.

Part A, Page 1 of 5, Notice to Withhold for Health Care Coverage

Comment 1, First Paragraph, Addition of Check Boxes

The Notice to Withhold for Health Care Coverage added two (2) check boxes to distinguish between a *National Medical Support Order/Notice (NMSN)* and a *Termination Order/Notice*. If the NMSN box is checked, the NMSN is being issued to advise the employer/withholder that the order of support requires the enrollment of the identified child(ren) in certain health coverages. If the *Termination Order/Notice* box is checked, the NMSN is being issued to advise the employer/withholder to terminate the health care coverage for the identified child(ren).

Although Title 45 Code of Federal Regulations § 303.34(7) provides that state IV-D agencies must notify the employer when there is no longer a current order for medical support in effect for which the IV-D agency is responsible, the NMSN has never contained a termination provision. Therefore, states have employed different mechanisms for the termination of the NMSN. In New York, a one-page *Termination of National Medical Support Notice Pursuant to Section 5241 of the Civil Practice Law and Rules* (copy attached) is issued.

The addition of the *Termination Order/Notice* check box appears to indicate that states would be required, at a minimum, to send the entire NMSN – Part A to terminate a NMSN. For states such as New York, this would result in increased costs for the production and mailing of the full five-page

termination order/notice. Further, the mailing of the entire NMSN-Part A to terminate a NMSN is counter to the general trend toward reducing the amount of paper sent to employers/withholders and may even foster confusion among employers/withholders as most of the information and instructions do not apply when the NMSN is being terminated. Therefore, NYS OTDA believes that the addition of the *Termination Order/Notice* check box is not the best way to provide notice of the termination of the NMSN. NYS OTDA recommends that states continue to use their current notification processes until a separate single-page NMSN termination order/notice can be developed and approved.

However, if despite these concerns, ACF wishes to proceed with including a standardized notice of the termination of the NMSN within the existing form, NYS OTDA recommends that the appearance and placement of the check boxes be changed to provide greater emphasis. For example, the check boxes could appear in bold text above the first paragraph on page 1. In addition, explanatory text could appear adjacent to each check box (see attached draft NMSN – Part A, page 1). The inclusion of the explanatory text would eliminate the need for further instruction regarding the termination order/notice; that is, the proposed new instruction on page 4 would be unnecessary. If the page numbering was changed from “Page x of 5” to “Page x,” then only page 1 would need to be provided to terminate a NMSN.

Comment 2, Last Paragraph, Required Health Coverage Check Boxes

States are required to check the appropriate box or boxes to indicate whether the order requires the child(ren) to be enrolled in all health coverages available, or only the following coverage(s): medical, dental, vision, prescription drug, mental health, or other. To that end, NYS OTDA recommends that the formatting of the boxes be changed so that they display correctly.

Part A, Page 3 of 5, Employer Response

Comment 3, Check Boxes

Employers/withholders are required to respond by checking the appropriate box, depending upon which numbered statement applies. To that end, NYS OTDA recommends that the formatting of the boxes be changed so that they display correctly.

Part A, Page 4 of 5, Instructions to Employer

Comment 4, Employer Responsibilities, Item 3

A third employer responsibility has been added to provide employers/withholders with instructions regarding the *Termination Order/Notice* check box. If this instruction is retained, at a minimum NYS OTDA recommends adding the word “If” to the beginning of the instruction. The instruction would then read as follows: “If the Termination Order/Notice check box is checked, you are required to terminate the health care coverage for the child(ren) identified in the order.”

However, the noncustodial parent may wish to continue dependent coverage although he or she is no longer ordered to do so. If this instruction is retained, NYS OTDA strongly recommends the direction be re-written as follows: “Health care coverage for the children identified in the order (see below) is no longer required under the order; you may terminate this coverage unless the employee/obligor elects to continue coverage for the child(ren).”

As noted in NYS OTDA's Comment 1 above, most of the information and instructions on the NMSN – Part A do not apply when the NMSN is being terminated. If an instruction for this check box is deemed necessary, then it should be placed adjacent to the check box on page 1 of the form. In

doing so, the need for further instruction regarding the termination order/notice would be eliminated, and the cost to send a five-page document to the employer/withholder would be avoided.

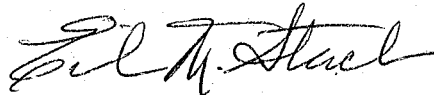
Part A, Page 5 of 5, Duration of Withholding

Comment 5, Parent Wishes to Continue Coverage

The *Duration of Withholding* section describes the situations where the employer may disenroll, or eliminate coverage, for the child(ren). As noted in Comment 4 above, there may be situations where the parent does not want the employer/withholder to take this action; that is, the parent may wish to continue coverage for his or her child(ren). Therefore, NYS OTDA recommends that the following sentence be added at the end of this section: "The employee/obligor may elect to continue coverage for his or her child(ren)."

Thank you for the opportunity to comment.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Eileen M. Stack", written in a cursive style.

Eileen M. Stack
Assistant Deputy Commissioner
Child Support Services
Office of Temporary and Disability Assistance

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