



Kim Reynolds, Governor

Adam Gregg, Lt. Governor

Jerry R. Foxhoven, Director

May 1, 2019

Department of Labor,  
Employee Benefits Social Security Administration  
200 Constitution Ave NW, Room N-5718  
Washington, DC 20210

Attn: G. Christopher Cosby

RE: Comments in response to Proposed Extension of Information Collection Requests Submitted for Public Comment: National Medical Support Notice – Part B, OMB Number: 1210-0113, Federal Register Vol. 84 Number 59, Wednesday, March 27, 2019, page 11575.

Dear G. Christopher Cosby:

This letter is in response to your request for comments in the notice of proposed information collection for the National Medical Support Notice - Part B.

Please find enclosed comments from the Iowa Department of Human Services, Bureau of Collections.

Thank you for the opportunity to comment.

Sincerely,

A handwritten signature in black ink that reads 'Carol Eaton'.

Carol Eaton, Chief  
Bureau of Collections

Enclosure

**Notice to Withhold For Health Care Coverage (page 1 of Part B)**

1. Page 1 of Part B (“Medical Support Notice to Plan Administrator” section) - Towards the bottom of the page, a sentence exists telling the plan administrator what types of health benefit plans the underlying order requires the employee to provide for the child(ren). The current wording of the phrase, “☐ **all** health coverages available” gives the impression the plan administrator must enroll the dependent(s) in *any* and *all* plans available to the employee. If the intent of this statement is tell the plan administrator that the employee must enroll the child(ren) in at least one of any plans available through the employer, we suggest changing the wording of this phrase to, “☐ **a** health insurance plan,” thus making the entire section read,

The order requires the child(ren) to be enrolled in ☐ **a** health insurance plan; or ☐ only the following health insurance plan(s):

☐ Medical; ☐ Dental; ☐ Vision; ☐ Prescription drug; ☐ Mental health;  
☐ Other (specify):

**Note:** A similar change is being requested on page 1 of Part A of the notice which is currently undergoing solicitation of public comment - OMB Number: 0970-0222, Federal Register Vol. 84 Number 53, Tuesday, March 19, 2019, page 10096.

**Instructions to Plan Administrator (pages 4 of Part B)**

2. Page 4 of Part B (page 2 of the “Instructions to Plan Administrator” section) - The “Period of Coverage” section, currently says once a child is enrolled in the plan as directed above, the alternate recipient may not be disenrolled unless:
  1. The plan administrator is provided satisfactory written evidence that either:
    - a. the court or administrative child support order referred to above is no longer in effect, or
    - b. The alternate recipient is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan;
  2. The employer eliminates family health coverage for all of its employees; or
  3. Any available continuation coverage is not elected, or the period of such coverage expires.

Due to the proposed changes to the National Medical Support Notice – Part A (Federal Register Document # 2019-05097), states may use the Notice as a “Termination Order/Notice.” As a result, we suggest adding an additional reason to #1 that allows disenrollment when the IV-D agency is no longer enforcing a medical support provision in a court or administrative order. In addition, since an employer may also discontinue enrollment when the employer is not able to withhold the employee’s share of the premium based on prioritization and/or withholding limits, we suggest adding this as a fourth reason. The suggested change would read:

[...]once a child is enrolled in the plan as directed above, the alternate recipient may not be disenrolled unless:

1. The plan administrator is provided satisfactory written evidence that either:

## Iowa's recommended comments to the National Medical Support Notice – Part B

- a. the court or administrative child support order referred to above is no longer in effect, or
- b. ***The issuing agency is no longer enforcing the court or administrative medical support order referred to in this Notice; or***
- c. The alternate recipient is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan;
- 2. The employer eliminates family health coverage for all of its employees; or
- 3. Any available continuation coverage is not elected, or the period of such coverage expires; or
- 4. ***The employer is unable to continue enrollment because of prioritization or limitations on withholding.***

Note: A similar change is being requested in the Period of Coverage section of Part A of the notice which is currently undergoing solicitation of public comment - OMB Number: 0970-0222, Federal Register Vol. 84 Number 53, Tuesday, March 19, 2019, page 10096.