



marathonKIDS®

P.O. Box 41317
Austin, Texas 78704
Phone: 512.477.1259
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www.MarathonKids.org

June 4, 2010

Mr. Lou Felice
Chair, Health Care Reform Solvency Impact Subgroup
National Association of Insurance Commissioners
2301 McGee Street, Suite 800
Kansas City, Missouri 64108-2662

Re: Calculation of Medical Loss Ratio Recommendations

Dear Mr. Felice:

Marathon Kids® began almost 15 years ago in Austin, Texas. It is now a national, free, six month running/walking, nutrition and gardening program for K-5th graders. Our target market are children most vulnerable to type 2 diabetes and sedentary lifestyles. In this past school year there were 172,000 registered children with an average 84% completion rate. Next year we will be close to 200,000 registered Marathon Kids. We are in nine (9) USA cities and continue to grow "organically" across the country. We passionately protect the integrity of our free, evidence based program.

The funding provided by Blue Cross Blue Shield of Texas as well as Blue Cross Blue Shield of Illinois play a critical role in bringing this free, *evidence based* program (University of Texas School of Public Health) to almost 200,000 registerd children, most in need. University of Texas School of Public Health two year study: [http://www.msdf.org/Newsroom/Press_Releases/10-03-03/Study Shows Participation in Marathon Kids%C2%AE Program Makes Children More Physically Active and Eat Healthier.aspx](http://www.msdf.org/Newsroom/Press_Releases/10-03-03/Study_Shows_Participation_in_Marathon_Kids%C2%AE_Program_Makes_Children_More_Physically_Active_and_Eat_Healthier.aspx) Marathon Kids® is a program that actually "moves the dial" on preventing childhood obesity and all of obesity's later, associated health complications.

I urge the National Association of Insurance Commissioners (NAIC) to consider and recommend to the Department of Health and Human Services (HHS) a definition of medical loss ratio (MLR) that will encourage health plans to continue their vital support of community-based public health initiatives and programs.

The membership of NAIC is state-based and so should understand well the important contributions local organizations make to the overall health of communities and populations. I want to make sure that health insurers will continue their critical participation in these efforts.

It is my understanding if the definitions around MLR are too narrow, health insurers will not be encouraged to support community-based health initiatives and could, in fact, be penalized for such support if their contributions are counted as administrative expenses. Penalizing support of our



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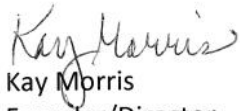
It is my understanding if the definitions around MLR are too narrow, health insurers will not be encouraged to support community-based health initiatives and could, in fact, be penalized for such support if their contributions are counted as administrative expenses. Penalizing support of our

organization's program and similar community-based programs across the nation is not a wise public policy.

I strongly urge the NAIC to recommend to HHS that, for the purpose of calculating MLR, quality initiatives include health insurers' involvement and investments in public health initiatives.

Thank you for consideration on this important issue.

Sincerely,

A handwritten signature in cursive script that reads "Kay Morris".

Kay Morris
Founder/Director