

REG-123829-08

DEC 8 2009

LEGAL PROCESSING DIVISION
PUBLICATION & REGULATIONS
BRANCH**PUBLIC
SUBMISSION**

As of: December 08, 2009
Received: December 04, 2009
Status: Posted
Posted: December 08, 2009
Tracking No. 80a62c60
Comments Due: January 05, 2010
Submission Type: Web

Docket: IRS-2008-0103

Request for Information Regarding Sections 101 Through 104 of the Genetic Information Nondiscrimination Act of 2008

Comment On: IRS-2008-0103-0017

Interim Final Rules Prohibiting Discrimination Based on Genetic Information in Health Insurance Coverage and Group Health Plans

Document: IRS-2008-0103-0039

Comment on FR Doc # E9-22504

Submitter Information

Name: Caroline Cardin

General Comment

To Whom It May Concern:

I fully support the goal of the Genetic Information Nondiscrimination Act (GINA) to prevent improper use of genetic information in hiring practices and in the provision and pricing of health insurance. However, elements of the Oct. 7, 2009, GINA interim final rule will create significant barriers to the use of health risk assessments and access to wellness and chronic disease management programs.

Health Risk Assessment and wellness programs provided an opportunity for individuals to evaluate their overall health status. Depending on the result of the HRA, individuals may choose to seek help from organizations providing health and wellness services. The GINA interim final rule will hinder individual's opportunity to do so because it does not allow use of an HRA that collects family medical history to match individuals with appropriate chronic disease management services. However, without all of the necessary information, including family medical history, an HRA will not be able to properly assess patients' health risks. As it is written now, GINA will force patients to chose between disclosing family history and the option of being informed about potential health management services that address his/her individual health risks. Either way, the patient will not be fully informed and will either not be recommended to a potentially beneficial services to mitigate their future health risk, or worse, will be unaware of potential health risks he or she faces down the road.

I implore you, please urge the departments of Health and Human Services, Labor and the Treasury to delay implementation and enforcement of the interim final rule and evaluate, through an interagency panel, the rule's potential impact on workplace health promotion programs.

Sincerely,
Caroline Cardin

Attachments

IRS-2008-0103-0039.1: Comment on FR Doc # E9-22504

CAROLINE RANDOL CARDIN

Timothy Geithner
Secretary
U.S. Department of Treasury
1500 Pennsylvania Avenue NW
Washington, DC 20220

Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 639G
Washington, DC 20201

Hilda Solis
Secretary
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Stuart J. Ishimaru
Acting Chairman
U.S. Equal Employment Opportunity Commission
131 M Street, NE
Washington, DC 20507

cc: Robert Kocher, MD, Special Assistant to the President, National Economic Council,
The White House
Ezekiel Emanuel, MD, Special Advisor for Health Policy, Office of the Director,
Office of Management and Budget

To Whom It May Concern:

I fully support the goal of the Genetic Information Nondiscrimination Act (GINA) to prevent improper use of genetic information in hiring practices and in the provision and pricing of health insurance. However, elements of the Oct. 7, 2009, GINA interim final rule will create significant barriers to the use of health risk assessments and access to wellness and chronic disease management programs.

Health Risk Assessment and wellness programs provided an opportunity for individuals to evaluate their overall health status. Depending on the result of the HRA, individuals may choose to seek help from organizations providing health and wellness services. The GINA interim final rule will hinder individual's opportunity to do so because it does not allow use of an HRA that collects family medical history to match individuals with appropriate chronic disease management services. However, without all of the necessary information,

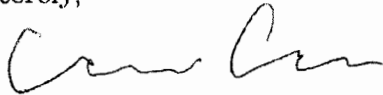
CAROLINE RANDOL CARDIN

including family medical history, an HRA will not be able to properly assess patients' health risks.

As it is written now, GINA will force patients to chose between disclosing family history and the option of being informed about potential health management services that address his/her individual health risks. Either way, the patient will not be fully informed and will either not be recommended to a potentially beneficial services to mitigate their future health risk, or worse, will be unaware of potential health risks he or she faces down the road.

I implore you, please urge the departments of Health and Human Services, Labor and the Treasury to delay implementation and enforcement of the interim final rule and evaluate, through an interagency panel, the rule's potential impact on workplace health promotion programs.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Caroline Cardin', written in black ink.

Caroline Cardin