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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-2008-0103-0051 Comment on FR Doc # E9-22504

Submitter Information

General Comment

Interim Final Rules Prohibiting Discrimination Based on Genetic Information in Health Insurance Coverage and Group Health Plans (Document ID IRS-2008-0103-0017) - Comments

Attachments

IRS-2008-0103-0051.1: Comment on FR Doc # E9-22504

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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

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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.

Family medical history is a key data point in determining the most effective interventions for preventing and managing chronic conditions. Excluding family medical history from a Health Risk Assessment would be costly and potentially dangerous. According to a recent study conducted by the Center for Health Research, Reducing chronic disease risk through HRAs and other evidence-based practices can produce substantial savings. The CHR found that interventions that reduce risk progression or decrease risk prior to Medicare enrollment can lead to net cost savings despite increasing longevity – as much as \$1.4 trillion over 10 years.

We have just suffered a terrible recession and our current deficit is outrageous. We are in no position to start making healthcare reforms that jeopardize the health of our citizens or our economy. Please ask the departments of Health and Human Services, Labor and the Treasury to delay implementation and enforcement of the interim final rule until the risks to our citizens' financial and medical wellbeing have been assessed.

Sincerely,

Amanda E. Kelley