

November 30, 2009

Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration, Room N-5653
United States Department of Labor
200 Constitution Avenue, NW
Washington D.C. 20210

Attention: RIN 1210-AB27

Hallmark Insights appreciates the opportunity to respond to the interim final rules for the Genetic Information Nondiscrimination Act (GINA). I write to express our serious concerns about the adverse impact of the interim final rules on employer-sponsored wellness and disease management programs and to request that you rescind the regulations.

Hallmark Insights is part of a leader in the greeting card and personal expression business. We support employers, health plans and health management companies by providing incentive solutions to encourage an ongoing culture of health for their employees and participants.

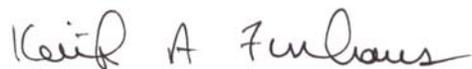
As you are aware, health assessments are a valuable tool used to identify opportunities for making health improvements. Assessments that include questions about family medical history are vital for identifying health plan participants who may particularly benefit from wellness initiatives and disease management programs. Without family medical history, plans will lose information about key risk factors that can identify plan participants at higher risk for major chronic conditions. Those identified could benefit from interventions, such as lifestyle and disease management programs, designed to stave off debilitating disease, death, and the development of other risk factors.

As valuable as health assessments are, though, they often suffer from the same inertia that plagues healthy living: "It's a great idea, but I just don't have time to do it today." This attitude turns the assessment into a lost opportunity rather than an important resource. Fortunately, decades of research in human behavior has provided a way to overcome this problem: encourage participation through a well-designed incentive program. Our research has shown that with no incentives, participation levels were between 10 % and 15%. When incentives were offered, participation rose significantly, with trends increasing in relation to the value. Our results showed that 60% participation was reached at the \$75 level, and it increased to 80% at the \$250 level.

It is essential that group health plans continue to use incentives to motivate plan participants to complete health assessments. Implementing the rules, as they are now written, will severely limit the ability of group health plans to identify those who can most benefit from these valuable voluntary programs that promote wellness, help maintain health and manage chronic disease.

Thank you, again, for your consideration of these important issues.

Sincerely,



Keith Fenhaus
President and CEO, Hallmark Insights

cc: The Honorable Timothy Geithner, Secretary, U.S. Department of Treasury
The Honorable Kathleen Sebelius, Secretary, U.S. Department of Health and Human Services
The Honorable Hilda Solis, Secretary, U.S. Department of Labor
Stuart J. Ishimaru, Acting Chairman, U.S. Equal Employment Opportunity Commission
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