



November 11, 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

The National Business Group on Health appreciates the opportunity to respond to the Request for Information on Title I of the Genetic Information Nondiscrimination Act of 2008 (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.

The Business Group represents over 280 members, mostly very large employers, who provide health coverage to more than 55 million U.S. employees, retirees, and their families. We are the nation's only non-profit organization devoted exclusively to finding innovative and forward-thinking solutions to large employers' most important health care and related benefits issues. In addition to large public sector employers, Business Group members include 130 of the Fortune 500 companies with 58 members among the Fortune 100.

As you are aware, group health plans use voluntary health assessments to identify people with health risks and offer programs and benefits that will reduce those risks. Health assessments provide opportunities for referral to preventive care, disease management programs, health promotion and other behavioral change initiatives. All of these programs are critical in slowing the rising cost of health care by making certain that care is matched to what will work best for each and every patient and in motivating people to proactively maintain and improve their health.

Health assessments that include questions about family medical history are vital for identifying plan participants who may particularly benefit from wellness initiatives and disease management programs. Without family medical history, plans will lose information about a key risk factor, often the only one present, that identifies plan participants at higher risk for cardiovascular disease, some cancers, diabetes or other major chronic conditions who could benefit from intervention to stave off debilitating disease, death, and the development of other risk factors.

Numerous studies and our employer members' experiences illustrate that incentives drive significant increases in completion of health assessments. It is essential that group health plans can continue to use incentives to motivate plan participants to complete health assessments.

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Implementing the rules, as they are now promulgated, 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. The rules will have serious unintended consequences impairing the ability of employer-sponsored group health plans to improve quality, care coordination, medical outcomes and lower costs.

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

Please contact me or Steven Wojcik, Vice President of Public Policy, at 202.585.1812 if you have questions or would like to discuss our concerns in further detail.

Sincerely,

A handwritten signature in cursive script that reads "Helen Darling".

Helen Darling
President

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