

November 23, 2009

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

Re: Regulatory Information Number 1210-AB27

To whom it may concern:

Focused Health Solution is a population health management company that has served national employers since 1999. Our purpose is to help self-insured employers by reducing health care expenses for their employees and their dependents with our wellness and disease management programs. We are expressing our disagreement with the decision to move forward with the current GINA legislation that has been presented.

The original Congressional intent of Title I of GINA to prohibit group health plans and health insurers from taking the following actions: 1) increasing group premiums or contribution amounts based on genetic information; 2) requesting or requiring individuals or their family members to undergo a genetic test; and 3) requesting, requiring or purchasing genetic information prior to or in connection with enrollment, or at any time for underwriting purposes is what we at Focused Health support.

Our organization believes wellness and disease management programs – and the tools we use, such as HRAs –are consistent with the Administration’s health care reform goals of improved quality and reduced costs. As such, the Title I GINA interim final rules directly contradict those goals and should not be permitted to move forward to without a much closer examination and adherence to original Congressional intent. These interim final regulations will

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have a dramatic and unintended consequence for our programs which were solely designed to support at-risk and chronically ill individuals.

The interim final rule leaves organizations such as ours as well as health plans, employers and others with two unworkable options: 1.) End incentives for completing an HRA that collects genetic information (including family medical history) or 2.) Remove questions about genetic information from the HRA.

Participation in wellness and disease management programs will suffer, as studies clearly demonstrate incentives significantly improve wellness program participation. And the removal of questions from the HRA will severely dilute the effectiveness of this tool, as family history and other genetic information are valuable indicators of chronic disease risk.

We urge you to ask the regulatory agencies to consider a one year delay in implementation and enforcement of these new regulations in order to assess the impact on wellness initiatives and disease management programs and urge Congress to clarify its intent in the definition of "underwriting purposes" in GINA to ensure such valuable programs continue to be available to employer-sponsored group health plans.

Thank you, again, for your consideration.

Sincerely,



Win Cayo
Director of Marketing

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