November 16, 2009

Submitted through the Federal eRulemaking Portal - http://www.regulations.gov.

Office of Health Plan Standards
and Compliance Assistance
Employee Benefits Security Administration
U.S. Department of Labor
Washington, DC 20210

Attention: RIN 1210–AB27

Ladies and Gentlemen:

We are writing regarding the interim final rules implementing sections 101 through 103 of the Genetic Information Nondiscrimination Act of 2008 ("GINA"). The request was published by the Departments of Labor, Health and Human Services, and the Treasury in the *Federal Register* on October 7, 2009.

Our wellness programs: Wellness, prevention, and disease management programs address potential health problems of our employees, often before they develop into more costly and deadly chronic disease. These programs are among the limited available avenues open to us to encourage and guide healthy behavior, and, to help us control healthcare costs while improving our employees' quality of life.

Health Risk Assessments (HRA), including questions designed to gather family medical history, are a critical component of our wellness programs. Many employees are unaware of the connection between their family's health history and the risk factors that they will face at some point during their own lives. We believe that the HRA is a very effective tool in helping employees understand how they might be predisposed to certain conditions, and promote better health habits to avoid those conditions themselves. We have also found that employees are more likely to participate in these beneficial HRAs or other wellness or disease management programs when financial incentives are offered.

One key component in this issue is that, as the employer/benefit plan sponsor, we do not see any of the information that employees enter into their HRA. This process, and the resulting health coaching and chronic conditions management programs, are administered by our independent, third-party health insurer, CIGNA. As the employer has no access to this information, there is no possibility that it could be used in an inappropriate manner with employees, as prohibited by the other provisions of GINA.

Impact of the regulation: The interim final regulation under Title I of GINA would undermine our wellness programs by precluding our ability to provide a financial incentive to individuals who complete an HRA that requests family medical history and to provide rewards to employees for meeting certain health-related goals. In its present form, this proposed regulation will require

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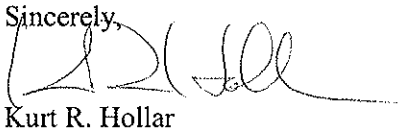
us to either remove the family history questions from our HRA, or remove the financial incentives that we have employed to encourage employees to complete the assessment.

If this regulation is allowed to be implemented, we fear that completion rates of HRAs will suffer significantly, and participation in wellness programs will plummet. The regulation will also hamstring our ability to guide employees into disease management programs based on information provided in an HRA. These consequences are not in the best interests of either the Company or our employees, so we ask that these proposed regulations be changed.

We appreciate this opportunity to provide comments and would be happy to further discuss our concerns with you.

Sincerely,



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