November 24, 2009

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

Hilda Solis
Secretary
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

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

Re: Genetic Information Nondiscrimination Act

Dear Sir or Madam:

I am writing on behalf of Problem-Knowledge Coupler Corporation (PKC). My company produces health assessment tools that deliver evidence based health and medical guidance to individuals based on their unique symptoms, medical histories, and most current medical

literature. We produce over 80 different assessments for a variety of health and medical conditions, and some of these tools are utilized in health and wellness programs.

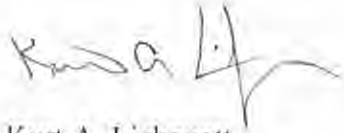
PKC fully supports the goal of the Genetic Information Nondiscrimination Act (GINA) to prevent improper use of genetic information in hiring practices and in the provision and pricing of health insurance. However, we believe that portions of the GINA interim final rules carry consequences that are counterproductive and medically unsound.

We believe that the suggestion for removing family history questions (or producing a version that does not contain these questions) appears to lack an appreciation of the progress that has been made with the ability of tools to deliver critical health recommendations to individuals based on family history data and other genetic information. In the case of what is generally referred to as a 'Health Risk Assessment', the user may be blinded to a rich body of individually relevant information that can help avoid the occurrence of disease and the associated cost and suffering. In the case of other clinical health assessments such as hypertension management, the absence of family history data may fail to surface critical and time sensitive recommendations. An example could concern which drug therapies may be most effective or most harmful to the individual. Medical information such as that might only surface when data on family history is combined with data regarding diet or other medications being taken. Tools with this kind of clinical depth are being offered to employees by their employers and incentives are a proven technique for getting individuals to use them. Results show that people take a more active role in their health and in the provision of their care when utilized. Dropping incentives, eliminating the ability to provide appropriate chronic disease management services, and dropping valuable health guidance is not the best way to fulfill the goal of GINA.

PKC strongly encourages you to delay in the implementation and enforcement of the Interim Final Rules regarding the use of HRA's in order for affected parties to come up with a more sensible approach. Users could be alerted and informed of their options for completing the assessments and appropriate safeguards and penalties could be employed for the improper use of such information. This would represent an approach that would fulfill the goal of GINA and not carry with it the unfortunate consequences of the Interim Final Rules.

Please do not hesitate to contact me regarding this matter.

Respectfully yours,



Kurt A. Liebegott
Chief Financial Officer