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ConXus: Enterprise platform for delivery of health improvement programs

December 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 DC 20210

Attention: RIN 1210-AB27

Ladies and gentlemen,

Protocol Driven Healthcare, Inc. (PDHI) 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 most recent rules on employer-sponsored wellness and disease-management programs and to request that you rescind the regulations.

PDHI is a healthcare technology company. We license our platform to employers and health promotion companies to enable them to deliver health improvement programs. Such programs have been widely shown to slow rising costs in health care and improve worksite productivity. The success of these programs stems from targeting each participant and supporting their efforts toward better health.

Key to these programs is a health risk assessment. Evidence-based guidelines use family medical history to help identify people at risk for such conditions as cardiovascular disease, diabetes, depression, and some cancers. When an assessment includes questions about family medical history, it can more accurately identify a participant whose health is at risk.

PDHI has developed and supports health risk assessments. An analysis of 35,000 health assessments contained within the PDHI database from a range of employer clients showed that, where biometric results were present, removing family history questions resulted in 6% of the population that could no longer be identified as at risk. Where complete biometric results were not available, often the case in programs of this type, the percentage of at-risk participants that could not be identified was even higher. Failure to identify at-risk participants prevents them from recognizing threats to their health. It also prevents their employers from supporting employee efforts toward health improvement.

Many employers who deliver health improvement programs have significantly lowered their costs in health care, workers compensation, and disability, while improving productivity. Safeway, Pitney Bowes, IBM, and Caterpillar have all demonstrated that such programs enhance their global competitiveness, which leads to keeping jobs in the USA.

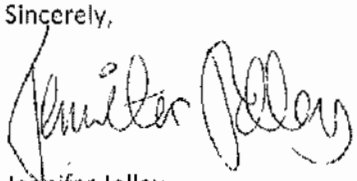
The percentage of participants completing a health risk assessment in voluntary programs depends on corporate leadership, commitment, communication, culture, and level of incentives offered. Based on our analysis, employers who offer incentives get up to 95% of their employees to participate in a program; employers who do not offer incentives get less than 25% participation. Most importantly, incentives encourage participation by the very people who benefit most from a health improvement program, rather than just those who are already engaged. It is essential that employers be able to continue using incentives as a tool to motivate participants to complete a health assessment.

Implementing the current rules severely limits the ability of employers to promote worksite wellness, improve employee health, increase productivity, and lower health care costs. Successfully deployed programs will improve the global competitiveness of US companies and will keep jobs in the USA.

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

Please contact me at 515-440-8361 if you have questions or would like to discuss our concerns in further detail.

Sincerely,



Jennifer Jolley
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