CVS CAREMARK

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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

On behalf of The CVS Caremark Corporation Welfare Benefit Plan (the "Plan"), I appreciate 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 medical component of the Plan covers over 87,500 lives with an annual spend of $353,945,139 in 2009. The Plan is sponsored by one of the nation's largest employers who embrace innovative and forward-thinking solutions important to health care and related benefits issues.

The Plan uses voluntary health assessments to identify people with health risks and offers participants 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 risk factor 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.

In a Personal Health Assessment (PHA) program CVS Caremark offered in 2005, 2006 and 2007 to Blue Cross Blue Shield of Rhode Island members, the medical risks section accounted for 21% of an individual's score and an additional 16% accounted for high risks associated with heart disease, diabetes and cancer. Based on the number of employees who fell into moderate and high risk, the company offered specific wellness programs to help employees stop smoking, manage their weight and increase exercise. Over the three-year period, 24% of

moved from moderate/high risk to low risk. This experience was invaluable to the future design of wellness programs and prevention strategy at CVS Caremark.

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 at 401-770-4233 if you have questions or would like to discuss our concerns in further detail.

Sincerely,

Candace Jodice

Candace Jodice
Director, Health & Welfare Strategy
CVS Pharmacy, Inc.

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