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December 1, 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

Re: REG-123829-08, CMS-4137-IFC, RIN 1210-AB27, Equal Employment Opportunity—
Interim Final Rules Prohibiting Discrimination Based on Generic Information in Health
Insurance Coverage and Group Health Plans (Vol. 74, No. 193) (October 7, 2009)

Dear Secretaries Geithner, Sebelius, Solis and Chairman Ishimaru:

Our overall mission is to make the most meaningful difference to patient health through great medicines and community health care support. Over the past several years, the company has helped millions of Americans save considerably on their AstraZeneca prescriptions.

AstraZeneca also campaigns for healthier lifestyles for its employees. This is aligned with our employee healthcare strategy of helping employees focus on prevention – taking care of personal health before corrective action is necessary, quality – working with medical practitioners and facilities that consistently demonstrate favorable outcomes, and adherence – following prescribed medical and drug treatment programs. AstraZeneca recognizes that making a commitment to health and wellness is a very personal decision. Therefore, the company's culture is one that allows employees to take individual responsibility for their lifestyle choices by providing access to information and resources to help employees make crucial choices and sustaining lifestyle behavior changes. AstraZeneca's health incentive programs have also rewarded employees who actively participated in achieving optimal well-being for themselves. Our studies show that over the past several years, we have successfully reduced the risk factors among employees through these programs, which also resulted in the improvement of the health and productivity of our workforce. We appreciate

the opportunity to comment on the interim final rules implementing sections 101 through 103 of the Genetic Information Nondiscrimination Act of 1008 (GINA) (the Interim Final Rules).

AstraZeneca fully supports GINA's goal of preventing improper use of genetic information in hiring practices and in the provision of pricing of health insurance. However, we believe that the underwriting provisions do not support the original intent of the law. We are specifically concerned with the Interim Final Rules' prohibition of the use of an HRA that collects family medical history to match with appropriate disease management services and feel it will have an unfortunate negative impact on wellness, prevention, and disease management programs, as well as healthcare costs. Our belief is that, rather than apply strict prohibitions against the use of these tools, there are other ways to appropriately secure the protections provided under GINA and hope the Agencies will take additional time to evaluate such options.

Health risk assessments and wellness programs are valuable resources that assist individuals with understanding their personal health risks and the actions they can take to improve their health through prevention or elimination of such risks and successful disease management. Family medical history is a fundamental component of the HRA, as it has been shown through research time and again to have strong influence on an individual's likelihood of developing a disease, especially for cardiovascular and other chronic conditions. In fact, the Centers for Disease Control and Prevention and the Office of the Surgeon General actively promote awareness and use of family history. HRAs offer a more effective means than claims data review alone to identify high-risk plan members, improve quality of care, and lower costs. GINA would limit the effectiveness with its prohibition of family medical history questions. Something worth noting is that employers, themselves, neither request nor receive individually identifiable information about their employees from the third party administering the HRA. Reports are gathered and presented in an aggregate manner, allowing the third party to maintain confidentiality of the employees.

In regards to the elimination of incentives that are attached to HRAs containing family medical history questions, AstraZeneca believes participation in HRAs will drastically decrease. Incentives have proven to drive participation in HRA and wellness programs. In fact, a CDC-sponsored employee health and productivity management benchmarking study identified 'meaningful incentives,' such as insurance premium discounts for completing an HRA, as a promising practice (Goetzl, RZ et al). Our company has offered an annual healthcare premium discount incentive for completion of the HRA since 2006 and each year, we had a participation rate of between 93-99% of our 11,000+ employees. Since this appears to have a positive impact on the health and well-being of our workforce, we encourage GINA to not restrict incentive programs attached to valid HRAs containing family history questions where the information is appropriately used to assist individuals with understanding their personal health risk so that they can take actions to improve their lives.

AstraZeneca's belief is that family medical history information should remain within HRAs as it assists in determining the likelihood of disease and provides necessary information for proper recommendation of screenings to individual employees. There are many ways to ensure this information is not used towards discrimination of employment or health coverage. Hence, we are requesting a delay in the implementation and enforcement of the Interim Final Rules. This will allow affected parties to ensure the protection of genetic information when utilizing valid and effective wellness and prevention tools to encourage healthier lifestyles for employees.

If you would like to discuss our concerns in more details or have any questions, please feel free to contact me at 302-886-5548.

Sincerely,



Dr. Joseph Henry
Executive Director, SH&E

Goetzel RZ, Shechter D, Ozminkowski RJ, Marmet PF, Tabrizi MJ, Roemer EC. Promising practices in employer health and productivity management efforts: findings from a benchmarking study. J Occup Environ Med. 2007 Feb;49(2):111-30.