

Waterloo, Anthony - EXECSEC

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From: Iovino, Charlie (Charlyn) [Charlie.Iovino@aetna.com]
Sent: Tuesday, January 05, 2010 9:58 AM
To: Executive Secretariat
Cc: Cross, James D; Mihalic, Ryan M
Subject: FW: Aetna Comment letters on GINA interim final rules
Attachments: ALIC GINA JC 122809 EEOC.pdf; ALIC GINA JC 122809 DOL.pdf

Attached please find the comment letters that Aetna Inc has filed on the interim final rules implementing sections 101 through 103 of the Genetic Information Nondiscrimination Act of 2008 ("GINA"). If you have any questions, please feel free to contact Dr. Cross or me.

Charlie Iovino
Vice President and Counsel
Federal Government Relations
Aetna
202-419-7047

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FEDERAL GOVERNMENT RELATIONS



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James D. Cross, MD
Chief, National Medical Policy
& Operations

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tel: 860-273-1456
fax: 860-273-0850
151 Elmington Avenue, 06357
Hartford, CT 06357

December 28, 2009

Mr. Stephen Llewellyn, Executive Director
Executive Secretariat
Equal Employment Opportunity Commission
131 Main Street Northeast, Suite 6NE03F
Washington, D.C. 20507

Attention: Regulatory Information Number 1210 AB27

Dear Mr. Llewellyn:

Aetna Life Insurance Company ("Aetna") submits this response to the request for comments on 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 (collectively, the "Departments") in the *Federal Register* on October 7, 2009.

Aetna offers a broad range of traditional and consumer-directed health insurance products and related services, including medical, pharmacy, dental, behavioral health, group life and disability plans, and medical management capabilities and health care management services for Medicaid plans. Our customers include employer groups, individuals, college students, part-time and hourly workers, health plans, governmental units, government-sponsored plans, labor groups and expatriates. For more information, see www.aetna.com.

As one of the nation's leading diversified health care benefits companies, serving approximately 36.3 million people with information and resources to help them make better informed decisions about their health care, Aetna is very concerned with the adverse impacts of the interim final regulations on our customers and their employees (our members). In particular, the limitations that the interim final regulations place on the ability of members to access, utilize and benefit from comprehensive wellness, prevention, or disease management programs because of the restrictions on the request and use of family history information is most troubling.

Aetna offers a wide range of wellness, prevention, and disease management programs. These programs allow members to identify and address potential health problems, often before they develop into more serious and costly chronic diseases. These programs fill a vital gap in traditional care by identifying and educating members in a manner not always addressed the current health care system. These programs offer a vital supplement to the

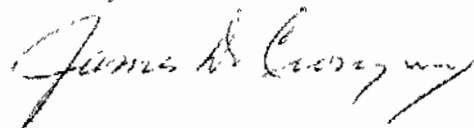
care provided by a member's physician (assuming the member has even consulted a physician for these needs). Additionally, these efforts encourage and guide healthy behavior and help to improve the member's quality of life, while controlling costs for the system.

Family medical history can be an important component to any comprehensive wellness program. Many individuals do not understand the correlation between family medical history and its use as a prognosticator of their own medical conditions. While Aetna understands the concerns associated with the use of family medical history as a means of underwriting the cost of a member's benefit plan, its use in the wellness context is totally separate and has many independent multiple benefits. For example, family medical history can be beneficially used to (1) advise a member of potential health concerns before they happen, (2) allow for member outreach and education to understand how their benefit plan may provide vital preventive coverage, (3) allow for members to receive specific, targeted information and education regarding any potential conditions, (4) identify strategies to treat and/or prevent the manifestation of a condition at, or before, onset, and (5) engage members in meaningful dialogue regarding any related questions or concerns. Suppressing the use of family medical history in connection with wellness, prevention or disease management programs denies our members access to these vital resources.

Wellness, prevention, and disease management programs are one of the few avenues available to a health plan as a means to both help control soaring healthcare costs and provide additional, meaningful benefits to members beyond traditional health care and claims-based wellness programs. Moreover, these are programs that generally are met with enthusiasm by our customers, who embrace the concept of encouraging their employees to lead a healthier lifestyle. Making our tasks in this regard more difficult, such as by preventing outreach for and the use of family medical history to help identify potential considerations in a member's care, is an incomprehensible action in view of the dire need to encourage individuals to assume more active control of their health, and reasonably control medical costs.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "James D. Conway".



James D. Cross, MD
Chief, National Medical Policy
& Operations

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December 28, 2009

Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N-5653
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

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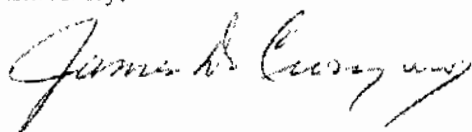
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