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Interim Final Rules Prohibiting Discrimination Based on Genetic Information in Health Insurance Coverage and Group Health Plans

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General Comment

It is convenient that lists are provided for the purposes of identifying who is a relative and to what degree. This list is necessary if the definition of "relative" remains how it is now. However, the definition is too broad and should not include those related by marriage, because there is clearly no overlapping genetic information. It should also be taken into account if a relative is not full blood, because the lesser degree of relation-then the lesser connection that can exist between the two.
The rule may have needed limited after G.I.N.A., but now it is far too broad. The fact is that there is already way too much time and money that will have to be expended if the rule goes into affect as is. Not to mention that insurance premiums will most likely go up and there are far too many people who already cannot afford and do not have insurance. By limiting the scope of the definition of "relative," resources will be saved and everyone will benefit. There will be less medical documents that need redacted and so less money spent there. Also, there will be fewer plans affected and so fewer lawyers can review the affected plans.
Insurance issuers will still have to expend resources to train employees, but fewer plans would need modified. It does not make sense to change the rule in such a way that broadens unnecessarily one definition, which then has the effect of burdening unnecessarily and/or increases expenses dramatically for all involved. No one can afford to have the definition of "relative" be so all encompassing. The fact is that the word does not actually encompass, technically, some of the people who this law would include. So why draw the line so far off the mark? The increased costs are staggering and no one knows what the long-term effect would be. This could be met with less uncertainty by narrowing the definition.
Eventually, with this essentially preventive method, genetic testing might pay for itself. People would be more aware of what their risks are and maybe become more cautious. Also, treatments may be found quicker if more research can be done using genetic information. However, the short-term costs, as is, do not give much hope that the program will get much support. People

would prefer having less insurance and even being discriminated against than not being able to obtain insurance at all because the cost is more than they can pay.