# New Rules Address Use of Genetic Information

BY MARY ELLEN SCHNEIDER

◆he federal government has issued new rules spelling out how it intends to police the use of genetic information by health plans.

The new regulations bar health insurers from increasing premiums or denying enrollment based on genetic

The regulations implement certain

Jointly sponsored by Skin Disease Education Foundation

**Profiles in** 

and Elsevier Office of Continuing Medical Education

provisions in the Genetic Information Nondiscrimination Act (GINA), which was signed into law by President Bush in May 2008.

Beefing up consumer protections for genetic information should help accelerate progress in genetic testing and research, said Health and Human Services secretary Kathleen Sebelius.

'Consumer confidence in genetic testing can now grow and help researchers get a better handle on the genetic basis of diseases," Ms. Sebelius said in a statement.

In an interim final rule, federal officials provide details on how health plans can obtain and use genetic information. The regulation generally bars health plans from increasing premiums based on genetic information. They also cannot require, or even request, that individuals or family members undergo genetic testing. And health plans cannot request, require, or purchase genetic information at any time for underwriting purposes, or prior to or in connection with enrollment.

Although the rule bars insurers from charging its members more based on genetic information, it doesn't limit them from doing so because of the manifestation of a disease. However, a health plan can't use the manifestation of a disease in one of its members as genetic information for a family member and raise their premiums, according to the interim final rule.

The rule does allow plans to request limited genetic information if it's necessary to determine the "medical appropriateness" of a certain treatment.

Plans also can request that individuals participate in research where genetic testing will be conducted. However, none of the genetic information collected during that research can be used for underwriting purposes.

The interim final rule goes into effect 60 days after publication in the Federal

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**PROGRAM** 

## **FACIAL SHAPE AND VOLUME -**ADDRESSING DEFLATIONARY ISSUES

Wm. Philip Werschler, MD, FAACS, FAAD **Assistant Clinical Professor** Medicine/Dermatology University of Washington, Seattle, Wash.

### PEARLS AND PITFALLS IN THE USE OF BIO-STIMULANTS FOR VOLUME

Douglas R. Mest, MD Clinical Director Blue Pacific Aesthetic Medical Group Manhattan Beach, Calif.

#### LIVE INJECTIONS AND COMMENTARY

Wm. Philip Werschler, MD, FAACS, FAAD and Douglas R. Mest, MD

#### PROGRAM DESCRIPTION

The introduction of noninvasive procedures for facial rejuvenation is a relatively recent development in the subspecialty of cosmetic dermatology. As novel procedures and drugs continue to emerge, as the size of the population of Americans over 65 continues to expand, and as public awareness of the availability of these methods continues to grow, demand for facial rejuvenation treatment—already high—will increase. Clinicians who have an interest in aesthetic medicine have an opportunity to help patients who hope to improve their quality of life by reversing some of the effects of both intrinsic and extrinsic causes of facial aging. The products and procedures now available offer safe and effective treatments that yield satisfying results for both patients and

This webcast, featuring expert presentations and live patient treatment, is a comprehensive review of injectable dermal fillers and volumizers. These products comprise the arena of treatment known as nonsurgical total facial rejuvenation. This program, presented in a workshop format by leading authorities in dermatology, will review the science of skin aging, cover the advantages and drawbacks of each product currently used in facial rejuvenation, discuss expectations and realistic outcomes, and show, in live patient demonstrations, techniques for identifying treatment zones and injecting various products.

# **INTENDED AUDIENCE**

This activity has been developed for dermatologists, plastic surgeons, and fellows and residents in plastic surgery and dermatology.

# **EDUCATIONAL OBJECTIVES**

On completion of this educational activity, participants should be

• Define the term "nonsurgical total facial rejuvenation" and list the currently available products that constitute the treatment options in this area.

- Explain the processes of both extrinsic and intrinsic facial aging, and discuss how nonsurgical total facial rejuvenation works to counter the effects of these aging processes.
- List and describe the advantages and limitations of each of the products currently used in nonsurgical total facial rejuvenation.
- Assess the treatment zones in individual patients for which various types of injectable fillers and volumizers would be appropriate and determine which treatment options are advisable for each case.
- Communicate effectively to patients the benefits and risks of the various available treatment options, determine their expectations, and educate them about realistic outcomes of therapy.

#### **FACULTY DISCLOSURES**

Disclosures are available on the educational webcast, located at www.profilesinfacialrejuvenation.com and www.sdefderm.com.

#### ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Elsevier Office of Continuing Medical Education (EOCME) and Skin Disease Education Foundation (SDEF). The EOCME is accredited by the ACCME to provide continuing medical education for physicians.

## CME CREDIT STATEMENT

The EOCME designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation

**TERM OF APPROVAL** June 2009 – June 2010

## **FINANCIAL SUPPORT**

This CME activity is supported by an educational grant from DERMIK<sup>®</sup>, a business unit of sanofi-aventis U.S.

STATEMENT OF OWNERSHIP, MANAGEMENT and CIRCULATION (Required by 39 U.S.C. 3685). 1. Publication title: SKIN & ALLERGY NEWS. 2. Publication No. 0037-6337. 3. Filing date: October 01, 2009. 4. Issue frequency: Monthly. 5. No. of issues published annualhequency. Monthly, 3: No. of issues published alintal-ly: 12. 6. Annual subscription price: \$103.00. 7. Complete mailing address of known office of publication: Inter-national Medical News Group, 60 Columbia Rd., Bldg. B, Morristown, NJ 07960. 8. Complete mailing address of headquarters or general business office of publisher: of headquarters or general business office of publisher: International Medical News Group, 60 Columbia Rd., Bldg. B, Morristown, NJ 07960. 9. Full names and complete mailing addresses of Publisher, Editor, and Managing Editor: President, Alan J. Imhoff, IMNG, 60 Columbia Rd., Bldg. B, Morristown, NJ 07960, Editor, Mary Jo M. Dales, IMNG, 5635 Fishers Lane, Suite 6000, Rockville, MD 20852, Managing Editor, Amy Pfeiffer, IMNG, 5635 Fishers Lane, Suite 6000, Rockville, MD 20852, 100 Ourney Elegation Inc., 360 Bork Ave. MD 20852. 10. Owner: Elsevier Inc., 360 Park Ave. South, New York, NY 10010. 11. Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities: None. 12. Tax Status: Not applicable. 13. Publication title: SKIN & ALLERGY NEWS.
14. Issue date for circulation data below: September 2009.
15. Extent and nature of circulation; Average no. copies each issue during preceding 12 months. a. Total number of copies: 13,906. b. Legitimate paid and/or requested distribution. (1) Individual Paid/Requested Mail subscriptions stated on PS Form 3541: 7,811. (2) Copies requested by employers for distribution to employees by name or position stated on PS Form 3541: 166. (3) Sales through dealers and carriers, street vendors, counter sales, and other paid distribution outside USPS: 0. (4) Requested copies distributed by other mail classes through the USPS: 68. c. Total paid and/or requested circulation: 8,044. d. Nonrequested distribution. (1) Nonrequested mail subscriptions stated on PS Form 3541: 5,728. (2) Nonrequested copies distributed through the USPS by other classes of mail: 0. (3) Nonrequested copies distributed outside the mail: 142. e. Total nonrequested distribution: 5,869. f. Total distribution: 13,914. g. Copies not distributed: 158. h. Total: 14,072. i. Percent paid and/or requested circulation: 57.82%. No. copies of sinand/or requested circulation: 97.82%. No. Copies of sili-gle issue published nearest to filing date. a. Total num-bers of copies: 14,021. b. Legitimate paid and/or re-quested distribution. (1) Individual Paid/requested mail subscriptions stated PS Form 3541: 7,496. (2) Copies re-quested by employers for distribution to employees by name or position stated on PS Form 3541: 168. (3) Sales through dealers and carriers, street vendors, counter sales, and other paid distribution outside USPS: 0. (4) Requested copies distributed by other mail classes through the USPS: 66. c. Total paid and/or requested circulation: 7,730. d. Nonrequested distribution (1) Nonrequested mail subscriptions stated on PS Form 3541: 6,161. (2) Nonrequested copies distributed through the USPS by other classes of mail: 0. (3) Nonrequested copies distributed outside the mail: 0. e. Total nonrequested distribution: 6,161. f. Total distribution: 13,891. g. Copies not distributed: 130. h. Total: 14,021. i. Percent paid and/or requested circulation: 55.13%. 16. Publication of Statement of Ownership for a requestor publication is required and will be printed in the November 2009 issue of this publication. 17. Signature and title of Editor, Publisher, Business Manager, or Owner: Barbara A. Cavallaro, Circulation Analyst, IMNG.