



Human Resources  
109 East Olive St.  
Bloomington, IL 61701

December 1, 2009

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

We appreciate the opportunity to respond to the request for information on Title I of Genetic Information Nondiscrimination Act of 2008 (GINA). The departments of Labor, Treasury, and Health and Human Services issued the request in the *Federal Register* on October 7, 2009. The regulations seek to prohibit discrimination based on genetic information.

We 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.

Our organization is committed to the health and wellness of our employees, dependents, and retirees. We provide several wellness programs to address potential health problems of our employees, often before they develop into more costly and deadly chronic diseases. These programs have become increasingly popular within our workforce, as employees are often grateful to have the opportunity to move towards a healthier lifestyle.

A critical and popular component of our wellness program is the Health Risk Assessment (HRA), which is an evidence-based tool that identifies the potential health risks of our employees. HRAs provide opportunities for referral to preventive care, disease management programs, health promotion and other behavioral change initiatives based on the current health status of each employee. A key element of the HRA, sometimes the most important element, is a series of questions designed to gather family medical history. Based on the information elicited by the HRA, medical professionals can design a program to address the individual health needs of our employees, with special attention paid to disease or conditions for which they are potentially vulnerable (as highlighted by the family medical history).

All individual information collected by the HRA of course remains confidential and is never shared with the employer, as required by the Health Insurance Portability and Accountability Act.

Numerous studies illustrate that incentives drive significant increases in the completion of wellness programs, particularly HRAs. It is essential that we use incentives to motivate our employees. The interim final regulation under Title I of GINA would decimate our wellness programs by precluding our ability to provide a financial incentive to employees who complete an HRA that requests family medical history and to provide rewards to employees for meeting certain health-related goals. If this regulation is implemented, completion rates of HRAs will suffer, and participation in wellness programs will plummet.

Our wellness programs have been successful in terms of employee participation and satisfaction. Our participation rates have increased steadily since the program launched over 5 years ago. Employee evaluations have indicated that incentives increase the likelihood of participation in wellness programs, including the HRA. Employees have expressed gratitude for offering HRAs, as the tool helped them discover unknown risk factors and allowed them to take steps to minimize their vulnerability. Implementing the rules, as they are now promulgated, will severely limit ability to identify those who can most benefit from such valuable programs that help maintain and manage chronic diseases.

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

Sincerely,

Tina Swanson  
Wellness Coordinator

cc: Laurie Wollrab  
Compensation and Benefits Manager