

United Networks



OF AMERICA

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

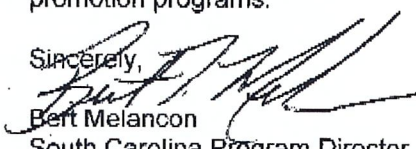
To whom it may concern:

I applaud the efforts to prevent improper use of genetic information in hiring practices and in the provision and pricing of health insurance with the Genetic Information Nondiscrimination Act (GINA). Conversely, aspects of the GINA interim final rule (Oct. 7, 2009) will hinder the ability of health risk assessments (HRA) to fully analyze the potential health risk of participating patients and as a result, impede patients' opportunities to learn about and seek preventative care for potential, unidentified health risks.

HRAs are an integral aspect in determining one's overall health. Traditionally, family medical history has been a key component of the HRA. Physicians are better able to identify what types of illnesses an individual is likely to suffer from in the future based on family medical history. One of the most important functions of the HRA is its ability to identify the risk of a patient contracting a chronic illness. Once the risk has been determined, the patient is more likely to seek preventative care than someone who has not participated in a HRA.

Despite this, many individuals choose not to undergo a HRA and, as a result, many people remain unaware of any health risks they may face. HRA programs have the potential to play a significant role in the expansion of preventative care, something the current administration has identified as a priority in the healthcare reform process. Any impediment to participating in HRA programs will negatively impact the people who we are trying to protect, the patients. For this reason, we ask that the departments of Health and Human Services, Labor and the Treasury delay implementation and enforcement of the interim final rule and evaluate, through an interagency panel, the rule's potential impact on workplace health promotion programs.

Sincerely,


Bert Melancon
South Carolina Program Director

cc: Robert Kocher, MD, Special Assistant to the President, National Economic Council, The White House

Ezekiel Emanuel, MD, Special Advisor for Health Policy, Office of the Director, Office of Management and Budget