

December 9, 2009

Submitted through the Federal eRulemaking Portal

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

Attention: RIN 1210-AB27

Ladies and Gentlemen:

We are pleased to submit 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.

Faced with health concerns that mirror those of the American population at large American Airlines initiated a broad range of health and wellness resources for our employees, retirees and their dependents. Implemented in 2009, the Healthmatters program provides lifestyle coaching, disease management for more than 30 chronic conditions and dedicated Health Advocates to assist employees and their families.

Key to our program is the Health Risk Assessment (HRA). The confidential, online HRA is often the first step in helping an employee identify a potential health risk before it manifests itself in a serious or debilitating condition. The employee can then seek out the resource that best meets his or her need. All individual information collected in the HRA of course remains confidential and is never shared with the employer, as required by the Health Insurance Portability and Accountability Act.

Efforts to encourage and guide healthy behavior have been well received by our population; however the positive results of these programs are not evident in a single year. We continue to look for ways to engage our employees and increase participation in these valuable programs. In most cases financial incentives to participate provide the needed motivation.

The interim final regulation under Title I of GINA would seriously impact our wellness program by precluding our ability to provide a financial incentive to individuals who complete an HRA and to provide rewards to employees for meeting certain health-related goals. Without the ability to offer incentives for healthy behaviors completion rates of HRAs will suffer significantly, and participation in wellness programs will decrease.

The regulation will also limit our ability to guide employees into disease management programs based on information provided in an HRA.

Wellness and disease management programs remain important ways for companies to continue to manage rising healthcare costs. In addition, many employees are appreciative of the emphasis American is placing on their personal well-being and that of their families. At a time when individuals should be encouraged to assume more active control of their health, placing additional barriers to participation including limiting the use of financial incentives is clearly at cross purposes with establishing a healthier population and reducing health care costs.

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

Sincerely,

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