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Hilda Solis
Secretary, U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Dear Ms. Solis,

I am writing on behalf of the Board of Directors of Health Promotion Advocates (HPA), a 501(c)(4) non-profit organization created to integrate health promotion concepts into national health policy and all aspects of society. Our advocates consist of almost 2,000 health educators, psychologists, exercise physiologists, nurses, doctors and other professionals who manage health promotion programs in workplace, clinical, community and other settings. We are concerned about the interim final regulations that have been drafted to implement Title I of the Genetic Information Nondiscrimination Act of 2008 (GINA). Interim final regulations have not been released for Title II, but the early comments on those regulations are equally troubling.

We support the goals of the GINA legislation. However, the draft GINA regulations go beyond the intentions of the legislation and are likely to have a significant negative effects on workplace health promotion programs.

Workplace health promotion programs improve health and productivity and reduce medical costs for those who participate. Effective workplace health promotion programs provide opportunities to maintain health status, reduce health risks, and manage chronic conditions. These programs also restrain health care cost growth.

Health risk assessments (HRA's) are a key tool in the implementation of effective workplace health promotion programs, and family medical history is a vital component of HRA's. Effective financial incentives, such as rebates, discounts and premium reductions, are crucial tools for increasing participation in health promotion programs and completion of HRA's.

The draft GINA rules are likely to impact workplace health promotion programs negatively in at least three ways:

1. If financial incentives are removed, participation rates in employer sponsored health promotion programs are likely to be in the 20%-30% range instead of the 70% to 90% range. If this happens, fewer people will be helped and medical costs will be moderated for a smaller portion of the workplace population.

2. If questions on family history are removed from HRA's, the accuracy of risk prediction will be reduced and it will be more difficult to determine the optimal program for each participant. This will reduce program effectiveness or increase program costs.

3. If questions on family history are removed, feedback to participants will be less individualized and will be less effective in motivating participants to change their health habits.

The GINA interim final rule creates significant barriers to effective workplace health promotion programs. We request you to delay implementation and enforcement of the interim final rule. We also request you to evaluate, through an interagency panel, the rule's potential impact on workplace health promotion programs.

Thank you for your consideration of this request.

Respectfully,

Michael O'Donnell

Michael P. O'Donnell, MBA, MPH, PhD
Chairman, Health Promotion Advocates (www.HealthPromotionAdvocates.org)

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