From the Office of Anne Nguyen

Timothy Geithner
Secretary
U.S. Department of Treasury
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Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 639G
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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

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

To Whom It May Concern:

I fully support the goal of the Genetic Information Nondiscrimination Act (GINA) to prevent improper use of genetic information in hiring practices and in the provision and pricing of health insurance. However, elements of the Oct. 7, 2009, GINA interim final rule will create significant barriers to the use of health risk assessments and access to wellness and chronic disease management programs.

I currently work as a research assistant at LSU Medical Center. My primary focus is in the field of Cancer research. In addition to my own research, peer-reviewed journals and independent studies have all found a strong correlation between a patient’s family medical history, and the likelihood of that patient developing a chronic condition or disease in the future. The use of family medical history is an important aspect of assessing an individual’s current and future health and well being. The GINA regulations seek to exclude family medical history from health risk assessment programs. If they are passed, the GINA regulations would
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drastically limit our ability and accuracy to predict which factors our patients may be at risk for contracting.

The administration is fighting for a healthcare reform that provides improved care while also cutting the costs to the American people. Preventative and maintenance care to avoid and manage chronic illnesses are the cornerstones of improved care. However, our ability to predict any future health risk factors is severely impeded without a patient’s family medical history.

Family medical history is a vital component to providing improved care. Please, urge the departments of Health and Human Services, Labor and the Treasury to delay implementation and enforcement of the interim final rule and call on an interagency panel to evaluate the rule’s potential impact on workplace health promotion programs.

Thank you for your consideration.

Sincerely,

Anne Nguyen

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