U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room-N5653, 200 Constitution Avenue NW
Washington, DC 20210

The new GINA regulations will greatly affect not only the structure of our Wellness Program going forward, but will also impact our ability to measure the success of our program over past years.

Prior to offering an incentive for completing an HRA, our participation rate was extremely low (less than 30%). We then added an incentive and saw participation rise to about 60%. Finally, we saw 100% participation after tying the incentive to our health insurance premium. Based on our history, our wellness efforts reach more individuals with the use of incentives.

Family history is a large part of our individual health and for most people, greatly affects how they go about their daily lives. If someone has a family history of heart disease there are many lifestyle habits they can form to assist in prevention. If family history plays such an important part of our medical needs and our daily lives, then it is equally important in determining our health risk as part of a health risk assessment and disease management programs.

Removing incentives is not a viable option for us, so we must remove these questions from our HRA making it an inaccurate depiction of personal health. Employees will be provided an inaccurate view of their personal health and be left to determine how their personal family history plays a role, on their own.

In addition, we as an organization will essentially lose the ability to gauge the effectiveness of our program over the last several years. Our aggregate historical health scores will not be valid when being compared to the scores going forward, for in years past, family health history has been considered in calculating risk.

We feel that the GINA Title I regulations have hurt the effectiveness of our Wellness Program.

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