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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:

The Genetic Information Nondiscrimination Act (GINA) was initially drafted with a goal of preventing the improper use of genetic information in both, hiring practices and in the provision and pricing of health insurance. I fully support those goals. However, the October 7th GINA interim regulations include rules that will significantly impede patients' access to medical information, and possibly treatment.

GINA regulations seek to exclude family medical history from Health Risk Assessments. The October 7th rules also deny employers the right to offer incentives to their employees to participate in HRA programs. The October 7th regulations ignore the important role played by family medical history in determining a patient's potential health risks and, without incentives, will ultimately decrease the number of patients who chose to participate in HRA programs. The GINA regulations will have a negative impact on patients whose family history may show a risk for contracting a chronic illness, and will certainly decrease the number of people who actively seek out information by participating in Health Risk Assessments.

I hope that you will please encourage the departments of Health and Human Services, Labor and the Treasury to 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,

Nithya Sullia