Karin Blakemore, M.D.
Director and Professor
Perinatal Genetics
Department of Gyn/Ob

Johns Hopkins Medicine
600 North Wolfe Street / Phipps 228
Baltimore, MD 21287
410-955-8496 / Fax 410-614-8305

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Senator Clarence K. Lam, MD; Miller Senate Bldg, Room 420 11 Bladen St., Annapolis, MD 21401
Delegate Alfred C. Carr, Jr.; House Office Bldg, Room 222 6 Bladen St., Annapolis, MD 21401
Delegate Steven Arentz; House Office Bldg, Room 308 6 Bladen St., Annapolis, MD 21401

Re: S.B. 0763/H.B. 1040, the "State Board of Physicians – Genetic Counselors – Licensing."

Dear Maryland Elected Officials:

We greatly appreciate your leadership in support of licensure for Genetic Counselors in Maryland. My name is Karin Blakemore, M.D., and I am a specialist in low and high-risk obstetrics as well as genetics. As former Director of the Division of Maternal-Fetal Medicine at Johns Hopkins Hospital for over 22 years, I have witnessed the transformation that genetic testing with a colossal degree of new knowledge and diagnostic capabilities has enabled in the everyday practice of obstetrics. The same is true for any area of medicine I can think of. I continue to serve as Director of Prenatal Genetic Services at my Institution. This is a personal letter (not representing Johns Hopkins Medical Institutions) in full support of Genetic Counselors licensure.

I endorse the licensure of Genetic Counselors because it will help us to assure proper provision of what is a mountain of newly available genetic information to patients and appropriate test ordering. Genetic Counselors are the professionals who are knowledgeable and trained specifically in medical genetics. Licensure is appropriate for these trained professionals and will allow for appropriate laboratory investigation and appropriate referral for further medical workup to achieve or rule out a diagnosis. Genetic Counselors are in high demand to meet today's needs in terms of applying what we have learned in genetics to patient care. Our ability to provide genetic services in our state rests on genetic counselors' availability. The provision of services of genetic counselors to the public 1) will lead to better outcomes for patients and the families of Maryland and 2) will reduce health care costs by avoiding unnecessary and/or indiscriminate use of genetic testing. The latter can and does occur when tests are ordered by less trained providers who may have far less understanding of genetic disorders and the appropriate testing options.

I am both an Obstetrician and Maternal-Fetal Medicine Specialist and also a Clinical Geneticist, which means I am a physician trained in genetics and certified by the American Board of Obstetrics and Gynecology and the American Board of Medical Genetics. I have nearly 40 years of training and experience in genetics, and *over* 40 years in obstetrics. Even while I constantly read to stay up-to-date on new developments, I cannot practice without the partnership of Genetic Counselors. Having a qualified Genetic Counselor as part of a health care team providing genetic services is that much *more* important for a non-genetics-specialized physician or other healthcare providers.

Genetic Counselors are trained to provide education and counseling for patients and families about the genetics of both common and very rare conditions, allowing the provider – be it a geneticist like myself or an obstetrician or an oncologist or a general practitioner or a cardiologist or other specialist – to focus on clinical care and management. Genetic Counselors understand the ever increasing complexities and the role that our genes play in all sorts of diseases.

So importantly, Genetic Counselors are trained to select, from an ever-increasing array of options, the right genetic test for patients and their family members. There are very few genetic tests I order without the assistance and guidance of a Genetic Counselor. I depend on the Genetic Counselor to identify the current genetic test that will have the best chance to lead me to a diagnosis, and the lowest chance to cause confusion and distress. For this the Genetic Counselor will consider the factors such as sensitivity, specificity and positive predictive value of testing as well as other factors of interest to the family such as test accessibility and coverage.

Equally importantly, Genetic Counselors are trained to help patients and families and their physicians - - and other healthcare providers, including experienced geneticists like me - - to understand the implications of individual genetic test results.

Our use of genetic testing today is expanding. The amount of information we are finding out at an exponential pace adds more and more complexity. Genetic testing today involves families as well as individuals, and diagnoses may be life-altering, if not life-saving. As with so much else in medicine, however, mistakes can be fatal. Selection of the wrong test or misunderstanding of a test result can lead to failure to identify risk of cancer, or failure to find a treatable cause of a child's health problems, or failure to triage a pregnant woman to a tertiary level care center. The combination of training in genetics and in counseling gives the Genetic Counselor a special role in the medical team. The Genetic Counselor might work with a trained Geneticist like myself, or with physicians who specialize in cancer, neurology, cardiology, obstetrics - - virtually any kind of medicine since genetics involves all parts of the body and all parts of the life cycle.

This leads to another important reason why I support S.B.0763/H.B.1040, the "State Board of Physicians-Genetic Counselors –Licensing'; that is: Without licensure, anyone can call themselves a "genetic counselor". Licensure is the mechanism *that will allow Maryland to assure* that Genetic Counselors have the proper training, board certification, and ongoing education (as is currently and already tracked by the American Board of Genetic Counseling) in order to be permitted to provide services to patients. It would, concurrently, *disallow* licensure as appropriate and provide for loss of licensure if appropriate, as for other providers of medical services.

S.B.0763/H.B1040 could permit a hospital to engage the services of a Genetic Counselor to ensure that genetic testing done through the institution would be of the highest quality, with the Genetic Counselor independently providing expert advice on genetic testing to various medical providers. This is likely to decrease costs as Genetic Counselors will be able to help providers select more focused genetic testing.

In summary, genetic counselors should be licensed like other medical providers to offer genetic counseling and order appropriate tests within their scope of practice. This would encourage a necessary

and beneficial sharing of knowledge between Genetic Counselors and other kinds of providers for all specialties of medicine, and would serve to lower healthcare costs while maximizing the quality of healthcare services to the people of Maryland.

I very much hope to hear that Maryland will join the ranks of states licensing Genetic Counselors in order to improve healthcare, and I would be happy to answer any questions.

Sincerely,

Karin J. Blakemore M.D.

Karin J. Blakemore, M.D.
Professor, Gynecology and Obstetrics
Director, Prenatal Genetic Services
Johns Hopkins University School of Medicine
E-mail: kblakem@jhmi.edu
Office: 410-955-6207