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Re: SB34 (State Board of Physicians-Genetic Counselors-Licensing)

Dear Members of the Health and Government Operations Committee;

The Division of Cardiology at the Johns Hopkins University School of Medicine supports and seeks initiatives that improve access to quality healthcare services, including genetic counseling services, in Maryland. Currently, Maryland does not legally specify who may use the title of genetic counselor. Licensure for genetic counselors is an important mechanism the help consumers identify appropriately qualified genetic counseling providers. We support the Maryland and DC Society of Genetic Counselors (MDCGC) efforts to secure licensure for genetic counselors in Maryland as means toward this end, specifically Senate Bill 34.

The rapid growth of medical genetics has affected virtually all areas of medicine. This specialized expertise aides physicians, patients, and families by providing a significant role in education surrounding the genetic contributions to disease and the implications for an individual's health – both medical and psychological – and the health of family members. In short, genetic counselors empower providers by providing genetic services and interpretation, which is vital in the goal of precision medicine. As personalized medicine and cardiac genomics become increasingly important given the vast array of research findings available, so does the role of the genetic counselor as a member of the care team.

Genetic counselors are Master's-trained healthcare professionals who provide consumers with information, education, counseling, advocacy, and emotional support for medical conditions that have genetic indications. They are key members in several of our clinical care teams here at Johns Hopkins in the Division of Cardiology. Licensure for genetic counselors is essential to ensuring that genetic counseling providers are appropriately trained and credentialed so that individuals receive proper information and care. Licensure of genetic counselors serves as a title protection to prevent non-genetic counseling trained individuals from attempting to and ordering genetic tests or targeting vulnerable patient populations, such as Medicare patients or patients whose family members are suffering diseases.

Licensure would strengthen the collaborative relationship of genetic counselors and treating physicians insofar as they will be working within a multidisciplinary setting and improving access and timeliness to genetic information. As genomics is increasingly becoming a vital part of patient care, integration of genetic counselors at every aspect of clinical care will be vital, especially in cardiology. From current data, 1/250 individuals has a hereditary cardiac risk, and would benefit from genetic counseling services.

In our opinion, absence of licensure for these highly trained professionals--our genetic counselors-- will directly restrict provision of strongly needed clinical genetics services to patients; a need that is ever-increasing in Medicine today.

For these reasons, we respectfully ask that the Committee consider championing/supporting legislation for genetic counselor licensure in Maryland by recommending favorably SB34.

Sincerely,

A handwritten signature in black ink that reads "Charles J. Lowenstein". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Charles J. Lowenstein, MD
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Department of Medicine
The Johns Hopkins University School of Medicine