

SB0034_JHU_FAV_Applegate.pdf

Uploaded by: Applegate, Carolyn

Position: FAV

TO: The Honorable Paul G. Pinsky, Chair
Senate Education, Health, and Environmental Affairs Committee

FROM: Carolyn Applegate, MGC, CGC
Genetic Counselor Manager
McKusick – Nathans Institute
Department of Genetic Medicine

DATE: January 26, 2021

On behalf of Johns Hopkins University and Medicine, thank you for the opportunity to support **SB 0034 State Board of Physicians – Genetic Counselors – Licensing**. I am the genetic counselor manager in the Department of Genetic Medicine at Johns Hopkins University. I am also representing my genetic counselors as the vice-chair of the public policy committee of the Maryland and DC Society of Genetic Counselors. This bill would bring the state of Maryland in line with 29 other states that have statutes licensing qualified genetic counselors. Maryland genetic counselors unanimously support this bill.

Last session, the Education, Health, and Environmental Affairs Committee voted in favor of the bill. Since then we have worked with the Board of Physicians (the “Board”) to address their concerns as the Board submitted unfavorable testimony. We made significant progress, but the Board is requesting amendments that I do not believe are in the public’s best interest. One concern is the noted lack of a direct “nexus” between physicians and genetic counselors. We acquiesced to this concern and added language to the bill that licensed genetic counselors will refer patients to a licensed physician or appropriate healthcare provider, see 14-5G-12(B). One of the main purposes of this legislation is to increase access for Marylanders to qualified genetic counselors. Adding a referral requirement or collaborative agreement creates a barrier for individuals seeking genetic counseling services. There are clinical scenarios, such as testing for a familial mutation and carrier testing, where genetic counseling, not medical intervention, is sought by the patient. Efficient and direct access to genetic counseling services is in the public’s best interest.

The Board is also requesting to strike language that waives the requirement for licensure for one year after graduation from an accredited program. This language was also the result of a compromise. Last session’s bill created a temporary license for new graduates, which the Board argued was too administratively burdensome. Thus, we agreed to waive licensing requirements for one year with the stipulation that under this time-limited waiver, the genetic counselor will be directly supervised by a licensed physician or genetic counselor. This stipulation was made to protect the public.

It is absolutely imperative that new graduates from accredited programs have the ability

to practice immediately after graduation. Genetic counseling students have multiple rigorous clinical rotations and a requirement for graduation is demonstration of competency to practice independently. The certification exam is only given twice a year, in August and February, and there is no discussion at this time to increase the frequency; just ten years ago, the exam was given once every three years. There is already a shortage of genetic counselors, so preventing competent genetic counselors from practicing immediately after graduation decreases the public's access. Maryland is the home of two nationally recognized genetic counseling graduate programs of excellence. As states neighboring Maryland have temporary licenses, a waiver of licensing requirements is necessary to attract and retain the best graduates in order to expand the availability of genetic counseling services.

In Maryland, most genetic counselors work in tertiary care centers, but the field of genetics and genomics is expanding rapidly. Genetic counselors outside of Maryland have used telemedicine for years, referred to as "telegenetics". With the COVID-19 pandemic and associated telemedicine waivers, Maryland genetic counselors began providing telegenetics to Marylanders. In addition to being an effective and efficient means of providing care, providers and patients experienced the increase in access that results from telemedicine. Gratitude was expressed by many of our patients who have always driven from Western Maryland and the Eastern Shore to receive genetics services in the past. However, the lack of licensure left Marylanders vulnerable to receive services from individuals that have not met the minimum education requirements defined by this bill. This bill ensures accountability of providers by adding an investigative process of complaint and disciplinary action. This ensures that consumers receiving medical care in Maryland receive the same quality of care as they would receive in neighboring states where licensure exists.

Lastly, in this time of economic uncertainty, it is important to highlight that the bill will result in cost savings of healthcare dollars via identification of accurate testing on appropriate individuals. Studies show that healthcare providers without training in genetics often order more expensive genetic testing than is medically-indicated. Several studies suggest that 30% of genetic tests ordered by providers without specialized training are inappropriate.

It is my hope that this year, Maryland -- home of some of the greatest genetics research and clinical care in the world from Hopkins, the University of Maryland and the NIH -- put statutes in place to permit highly educated, licensed and Board-certified genetic counselors to provide services to the thousands of patients who need them. Therefore, we urge a favorable report on SB0034.

Sincerely,



Carolyn D. Applegate, MGC, CGC
Genetic Counselor, Manager
McKusick-Nathans Department of Genetic Medicine
Johns Hopkins University, School of Medicine

SB34_SUPPORT_KKI_Genetic Counselors.pdf

Uploaded by: Arneson, Emily

Position: FAV



DATE: January 26, 2021 **COMMITTEE:** Senate Education, Health and Environment
BILL NO: Senate Bill 34
BILL TITLE: State Board of Physicians - Genetic Counselors - Licensing
POSITION: Support

Kennedy Krieger Institute supports Senate Bill 34 - State Board of Physicians - Genetic Counselors – Licensing.

Bill Summary:

This bill requires the State Board of Physicians to license genetic counselors and establishes the Genetic Counseling Advisory Committee within the Board. On or after October 1, 2023, an individual must be licensed by the Board prior to beginning practicing genetic counseling.

Background:

Kennedy Krieger Institute is an internationally recognized institution dedicated to improving the lives of children and adults with developmental disabilities and disorders of the brain, spinal cord and musculoskeletal system. KKI serves over 24,000 patients per year, a significant portion of whom have a genetic basis for their disability. KKI currently employs five certified genetic counselors who care for over 1,000 patients per year.

Genetic counselors are Master's-trained healthcare professionals who have specialized education in medical genetics and counseling to provide personalized guidance to patients regarding their genetic health. KKI's genetic counselors are vital members of the medical team, working alongside physicians, nurse practitioners, and therapists to provide comprehensive patient care. Genetic counselors play crucial roles in selection of appropriate genetic tests and interpretation of results, facilitating decision-making, as well as educating and providing emotional support to patients and their families.

Rationale:

The rapid growth of medical genetics has affected virtually all areas of medicine. Over the past decade, advances in genomic technology and research have elucidated the genetic basis of a vast array of health conditions including neurodevelopmental disorders. Research has also identified promising pathways to targeted therapeutics. Genetic counselors are vital to translating these discoveries in to clinical care and attaining the goal of precision medicine.

Genetic counselors increase the quality of genetics services while reducing costs. Genetic counseling by certified genetic counselors helps ensure appropriate genetic tests are ordered and results are both interpreted correctly and delivered in a manner that is easily understandable. Genetic counselors also reduce the frequency of inappropriate testing, such as ordering the wrong genetic tests or tests for the wrong individual, thereby delivering high quality service while lowering costs.

With increasing complexity and technological developments in genetic testing, the need for individuals to access appropriately qualified genetic service providers has become critically important.

Licensure for genetic counselors is essential to ensuring that genetic counseling providers are appropriately trained and credentialed so that patients receive proper information and care. Licensure of genetic counselors serves as a title protection to prevent untrained individuals from inappropriately attempting to provide these services and targeting vulnerable patient populations. In our opinion, lack of licensure for these highly trained professionals will directly restrict provision of essential clinical genetics services to patients and their families.

Kennedy Krieger Institute requests a favorable report on Senate Bill 34.

GC licensure Maryland 2021 with signature greene.p

Uploaded by: Dixon, Shannan

Position: FAV

January 18, 2021

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.34/H.B.299, the "State Board of Physicians- Genetic Counselors- Licensing."

Dear Maryland Elected Officials:

Thank you for your leadership in licensure for Genetic Counselors (GCs) in Maryland. My name is Carol Greene, MD and I am Professor of Pediatrics and chief of the clinical service at the U. Maryland School of Medicine. This is a personal letter (not representing the University of Maryland) in support of GC licensure that will help assure the quality of genetic services provided by GCs, leading to better outcomes for patients, and possibly reducing health care costs.

I am a Clinical Geneticist, which means I am a physician trained in genetics and certified by the American Board of Medical Genetics. I have 40 years of training and experience in genetics. I stay up-to-date on new developments because I work in an academic setting and am involved in training physicians, GCs and other health care providers. And yet I cannot practice without the assistance of GCs. I expect you realize that having a qualified GC as part of a health care team providing genetic services is even more important for a non-genetics physician because:

- GCs are trained to provide education and counseling for patients and families about the genetics of both common and rare conditions, allowing the physician –a geneticist like myself or oncologist or other specialist – to focus on diagnosis and management
- GCs are trained to select – from an ever-increasing array of options – the right genetic test for patients and their family members. There are a few genetic tests I order without the assistance of a GC, but for most of my testing I depend on the GC to identify the 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 GC will consider factors such as sensitivity, specificity and positive predictive value of testing as well as other factors of interest to the family and the system such as access and coverage.
- GCs are trained to help patients and families and physicians – including experienced geneticists like me – to understand the implications of individual genetic test results

Medicine's use of genetic testing can be life-saving and is increasingly challenging. It involves families as well as individuals, and diagnoses may be life-altering. As with so much else in medicine, 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. The combination of training in genetics and in counseling gives the GC a special role in the medical team. The GC might work with trained Geneticist like myself, or with physicians who specialize in cancer, neurology, cardiology ... or any kind of medicine since genetics involves all parts of the body and all parts of the life cycle.

This leads to the most important reason I support S.B.34/H.B.299, the "State Board of Physicians-Genetic Counselors- Licensing." Without licensure, anyone can call themselves a "genetic counselor". Licensure is the mechanism that will allow Maryland to assure that GCs have the proper training, board certification and ongoing education in order to be permitted to provide services, and provides for loss of licensure if appropriate, as for other providers of medical services. Furthermore, the proposal allows for the possibility that a GC could choose to function independently within the regulatory scope of practice of a GC in Maryland. This could (for example) permit a hospital to engage the services of a GC to ensure that genetic testing done through that institution would be of the highest quality, with the GC independently providing expert advice on genetic testing to various medical providers. This is likely to decrease costs as GCs will be able to help providers select more focused genetic testing. The bill also makes it clear that other medical providers can offer genetic counseling within their scope of practice. This encourages a healthy interaction between the different kinds of providers of genetic services to maximize the quality of services to the people of Maryland.

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

Carol L. Greene, MD.

Carol Lynn Greene, MD, Fellow of the American Academy of Pediatrics and Founding Fellow of the American College of Medical Genetics
Professor of Pediatrics and of OB/Gyn and Reproductive Health
Director, Clinical Genetics
University of Maryland School of Medicine
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Lam and Carr re Genetic Counseling Bill.pdf

Uploaded by: Dixon, Shannan

Position: FAV

January 20, 2021

Senator Clarence K. Lam, MD

Miller Senate Office Building, Room 420
11 Bladen St., Annapolis, MD 21401

Delegate Alfred C. Carr, Jr.

House Office Building, Room 222
6 Bladen St, Annapolis, MD 21401

Dear Maryland Elected Officials:

On behalf of the University of Maryland, School of Medicine we write to thank you for your leadership as original sponsors of the bipartisan S.B. 34, and H.B. 299, the “State Board of Physicians- Genetic Counselors- Licensing.” Currently, Maryland does not legally specify who may use the title of genetic counselor. Licensure for genetic counselors is an important mechanism to help consumers identify appropriately qualified genetic counseling providers. We strongly support this legislation to license genetic counselors in the state of Maryland.

The rapid growth of medical genetics has affected virtually all areas of medicine. This specialized expertise aids 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 becomes increasingly important given the vast array of research findings available, so does the role of the genetic counselor in the care continuum.

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. 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 impacted by genetic disease.

The bill will result in cost savings of healthcare dollars via identification of accurate testing on appropriate individuals. Studies show that healthcare providers without training in genetics often order more expensive genetic testing than is medically indicated, amounting to unnecessary health care expenditures. A number of studies suggest that 30% of genetic tests ordered by providers without specialized training are inappropriate.

The University of Maryland School of Medicine seeks to further the nation's understanding of human heredity and genetic medicine through innovative teaching, patient care and research in human and medical genetics as well as providing national and international leadership in genetic medicine. We are proud to be the first genetic counseling training program in the state of Maryland. Since 1996, the University of Maryland Master's in Genetic Counseling training program has successfully graduated over 150 genetic counselors, many of whom chose to remain in Maryland and provide genetic counseling services to the citizens of Maryland. Currently, there are 15 genetic counselors working in clinical, research and laboratory positions across the institution. The counselors work within the clinical specialties of adult genetic medicine, GYN/OB, maternal fetal medicine, cardiology, neurology, oncology, and pediatrics.

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. 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 and HB 299.

Thanking you kindly.

Sincerely yours,

A handwritten signature in cursive script, reading "E. Albert Reece".

E. Albert Reece, MD, PhD, MBA

*Executive Vice President for Medical Affairs, UM Baltimore
John Z. and Akiko K. Bowers Distinguished Professor and
Dean, University of Maryland School of Medicine*

SB34.Public_FAV_Farrow.pdf

Uploaded by: Farrow, Lynne

Position: FAV

SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE
Senate Bill 0763
State Board of Physicians-Genetic Counselors-Licensing
January 12, 2021
Recommendation: Favorable report
Lynne Farrow

The Farrow Family
Baltimore, Maryland 21212

Hello. My name is Lynne Farrow and I am here on behalf of my son, Will. I was a patient at Johns Hopkins and completed my 20 weeks routine ultrasound. The test had shown two indicators for possible Down syndrome. I was offered a blood test by my genetic counselor, Cathy Lawson, to determine my journey and health of my baby. I will never forget that day. It had been 10 days since the blood work and I knew the results should be in. My husband was at school and I was home with my two boys, Owen (7) and Brooks (5). I am also a nurse and thought about my practice. I see and care for patients every day, and it started me thinking. Am I just another number to her? I was carrying a basket of laundry and the phone rang. It was Cathy at 7:15 PM. We found out that Will had Down syndrome on November 20th, 2013. My world was shattered. I can remember sobbing uncontrollably and my boys saying, "Mommy, what's wrong? If we did something bad, we are sorry. Please don't cry". I knew that I had to pull it together for my boys. The first 24 hours were a blur. I can remember calling my parents, not sleeping or eating and just crying. I remember getting a phone call the next day from my genetic counselor. She asked me how I was doing and told me that I had 48 hours to decide if I was going to continue with my pregnancy. Cathy and I had previous discussions about my support system and feelings about this pregnancy. I told Cathy that I am going to continue with my pregnancy, it's my baby. She told me that I could cry for the next 5 months until the baby gets here, but then I had to get it together. She empowered me at that moment to educate myself to be the best damn mom that I can for my son. And that is why I am standing here with you today.



Will is truly a blessing and a fabulous addition to our family. He has taught us about life, unconditional love, and what really matters in this world.

I cannot have imagined getting this type of information from someone who does not have correct medical knowledge or background training in counseling. I was very fortunate to have access to Hopkins and their amazing services. I hope you will consider licensing genetic counselors so that all Maryland families can benefit from their services.



In 2021, all families should be entitled to the same care and resources for their loved ones. All babies deserve this. Thank you for your time. I appreciate your support this cause.

Sincerely,

Lynne Farrow

Will's mother and biggest cheerleader



SB34_HB299 Fav - Baker.pdf

Uploaded by: Gallegos, Margaret

Position: FAV

Valerie L Baker, MD
*TeLinde-Wallach Professor and
Director
Division of Reproductive Endocrinology
and Infertility*

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January 15, 2021

Valerie L Baker, M.D.
Director, Division of the Johns Hopkins Fertility Center
10751 Falls Road, Suite 280, Lutherville, MD 21093

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

Re: S.B.34/H.B.299, the "State Board of Physicians – Genetic Counselors – Licensing."

Dear Maryland Elected Officials,

On behalf of the Johns Hopkins Fertility Center, thank you for the opportunity to support **S.B.34/H.B.299, the "State Board of Physicians – Genetic Counselors – Licensing."** 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 SB34.

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 genomics become increasingly important, 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 patients with information, education, counseling, advocacy, and emotional support for medical conditions that have genetic contributions. They are key members in several of our clinical care teams here at Johns Hopkins Medicine. 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 obstetrics & gynecology. Approximately 4% of all pregnancies conceived by in vitro fertilization have congenital anomalies, and 1-2% of all screened couples are at risk for autosomal recessive diseases detectable by current genetic carrier screening technologies. These patients 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 the field of Medicine today.

For these reasons, we respectfully ask that the Committee consider championing/supporting legislation for genetic counselor licensure in Maryland by recommending favorably on **S.B.34/H.B.299, the “State Board of Physicians – Genetic Counselors – Licensing.”**

Sincerely,

A handwritten signature in cursive script that reads "Valerie Baker". The signature is written in black ink and is positioned below the word "Sincerely,".

Valerie Baker, M.D.

SB34_HB299 Fav - Blakemore.pdf

Uploaded by: Gallegos, Margaret

Position: FAV

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

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January 13, 2021

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. 34/H.B. 299, 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.34/H.B.299, 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.

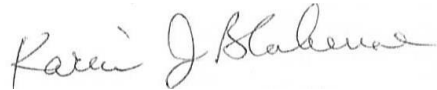
S.B.34/H.B.299 could permit a hospital to engage the services of a Genetic Counselor to ensure that genetic testing done through the institution would be of the highest quality, with the Genetic Counselor independently providing expert advice on genetic testing to various medical providers. This is likely 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,

A handwritten signature in cursive script, reading "Karin J. Blakemore". The ink is dark and the signature is fluid, with a long, sweeping tail on the last name.

Karin J. Blakemore, M.D.
Professor, Gynecology and Obstetrics
Director, Prenatal Genetic Services
Johns Hopkins University School of Medicine
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SB34_HB299 Fav - Celano.pdf

Uploaded by: Gallegos, Margaret

Position: FAV



MARYLAND/DISTRICT OF COLUMBIA
SOCIETY OF CLINICAL ONCOLOGY

January 12, 2021

The Honorable Paul Pinsky
Chair
Senate Education, Health & Environmental Affairs Committee
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

RE: SUPPORT: *Senate Bill 34: State Board of Physicians – Genetic Counselors - Licensing*

Dear Chair Pinsky and Members of the Senate Education, Health & Environmental Affairs Committee:

On behalf of the Maryland/District of Columbia Society of Clinical Oncology (MDCSCO), I want to thank you for the opportunity to provide these comments on *Senate Bill 34: State Board of Physicians – Genetic Counselors – Licensing*. Senate Bill 34 would require individuals that undertake the “practice of genetic counseling” to be licensed under the Maryland Board of Physicians. As the President of MDCSCO, I am committed, along with our members, to furthering our mission, which is:

1. To improve the quality and delivery of care in medical oncology in the State of Maryland and the District of Columbia.
2. To promote appropriate standards of care in oncology.
3. To cooperate with investigators conducting cancer research.
4. To assist in the continuing education of oncologists.
5. To educate the public, the government, insurance carriers, and other health care providers about appropriate prevention of cancer and current therapeutic options for patients with cancer.

We believe that this Senate Bill 34 aligns with this mission and we request your support for this bill. Genetic testing has become an integral part of cancer risk assessment and management. Given that as much as 10% of all cancers are hereditary, the earlier identification of individuals before a diagnosis of cancer allows for optimal surveillance and early detection and

prevention of cancer. Counseling involves evaluating a detailed family history, educating the patient about inheritance, and providing general information on cancer genetics. Appropriate training ensures that individuals will have the necessary knowledge in cancer genetics, screening, and preventive oncology. MDCSCO would be supportive of amending the bill to add clarifying language that would specify that in the course of providing genetic counseling, if the counselor were to find any indication of a disease or condition that requires diagnosis and treatment, the counselor would be required to refer the client to a licensed physician or other appropriate health care practitioner.

I thank you in advance for your time and I look forward to working with you during the 2021 Session.

Sincerely,

A handwritten signature in cursive script that reads "Paul Celano, MD".

Paul Celano, MD FACP FASCO

President,

Maryland DC Society of Clinical Oncology

pcelano@gbmc.org

443-849-3051

Director, Sandra and Malcolm Berman Cancer
Institute

Greater Baltimore Medical Center

Assistant Professor of Oncology, Obstetrics and
Gynecology

Johns Hopkins University School of Medicine

SB34_HB299 Fav - Christianson.pdf

Uploaded by: Gallegos, Margaret

Position: FAV

Mindy S. Christianson, M.D.

*Associate Professor, Division of Reproductive Endocrinology
Department of Gynecology and Obstetrics
Johns Hopkins University School of Medicine*

Medical Director, Johns Hopkins Fertility Center



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January 13, 2021

Senator Clarence K. Lam, MD; Miller Senate Bldg., Room 420, 11 Bladen Street, Annapolis MD 21401

Delegate Alfred C. Carr, Jr.; House Office Bldg., Room 222, 6 Bladen Street, Annapolis MD 21401

Delegate Steven Arentz; House Office Bldg., Room 308, 6 Bladen Street, Annapolis MD 21401

Re: S.B.34/H.B.299, the “State Board of Physicians – Genetic Counselors – Licensing.”

Dear Maryland Elected Officials,

On behalf of the Johns Hopkins Fertility Center, thank you for the opportunity to support **S.B.34/H.B.299, the “State Board of Physicians – Genetic Counselors – Licensing.”** 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 SB34.

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 genomics become increasingly important, 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 patients with information, education, counseling, advocacy, and emotional support for medical conditions that have genetic contributions. They are key members in several of our clinical care teams here at Johns Hopkins Medicine. 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 obstetrics & gynecology. Approximately 4% of all pregnancies conceived by in vitro fertilization have congenital anomalies, and 1-2% of all screened couples are at risk for autosomal recessive diseases detectable by current genetic carrier screening technologies. These patients 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 the field of Medicine today.

For these reasons, we respectfully ask that the Committee consider championing/supporting legislation for genetic counselor licensure in Maryland by recommending favorably on **S.B.34/H.B.299, the "State Board of Physicians – Genetic Counselors – Licensing."**

Sincerely,

A handwritten signature in cursive script, reading "Mindy Christianson".

Mindy S. Christianson, M.D.
Medical Director, Johns Hopkins Fertility Center
Associate Professor, Division of Reproductive Endocrinology and Infertility
Johns Hopkins University School of Medicine

SB34_HB299 Fav - Sheffield.pdf

Uploaded by: Gallegos, Margaret

Position: FAV

Jeanne S. Sheffield, M.D.
Director and Professor
Division of Maternal-Fetal Medicine
Department of Gynecology and Obstetrics
Johns Hopkins Medicine
600 North Wolfe Street / Phipps 228
Baltimore, MD 21287
Ph: 410-614-5186/Fax: 443-287-6139



January 13, 2021

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

Re: S.B.34/H.B.299, the “State Board of Physicians – Genetic Counselors – Licensing.”

Dear Maryland Elected Officials,

On behalf of the Johns Hopkins University School of Medicine Division of Maternal Fetal Medicine, thank you for the opportunity to support **S.B.34/H.B.299, the “State Board of Physicians – Genetic Counselors – Licensing.”** Currently, Maryland does not legally specify who may use the title of genetic counselor. Licensure for genetic counselors is an important mechanism to 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 SB34.

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Genetic counselors are Master’s-trained healthcare professionals who provide patients with information, education, counseling, advocacy, and emotional support for medical conditions that have genetic contributions. They are key members in several of our clinical care teams here at Johns Hopkins Medicine. 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 obstetrics & gynecology. Approximately 3% of all pregnancies have congenital anomalies, and 1-2% of all screened couples are at risk for autosomal recessive diseases detectable by current genetic carrier screening technologies. These patients 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 the field of Medicine today.

For these reasons, we respectfully ask that the Committee consider championing/supporting legislation for genetic counselor licensure in Maryland by recommending favorably on **S.B.34/H.B.299, the “State Board of Physicians – Genetic Counselors – Licensing.”**

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Sheffield', is positioned over a light blue rectangular background.

Jeanne S. Sheffield, M.D.
Professor and Director
Division of Maternal Fetal Medicine
Johns Hopkins University School of Medicine

SB0034_JHU_FAV_Valle.pdf

Uploaded by: Hamosh, Ada

Position: FAV

TO: The Honorable Paul G. Pinsky, Chair
Senate Education, Health, and Environmental Affairs Committee

FROM: David Valle, M.D. and Ada Hamosh, M.D., M.P.H.
McKusick – Nathans Department of Genetic Medicine
Johns Hopkins University, School of Medicine

DATE: January 26, 2021

On behalf of Johns Hopkins University School of Medicine, thank you for the opportunity to support SB34 State Board of Physicians – Genetic Counselors – Licensing. Currently, Maryland does not legally specify who may use the title of genetic counselor. Licensure for genetic counselors is an important mechanism to help consumers identify appropriately qualified genetic counseling providers and prevent unqualified individuals from targeting vulnerable patient populations and their families. Currently, 29 states mandate licensure of genetic counselors and, as a reflection of their increasingly important roles in providing education and care for patients receiving genetic testing and/or who are known to have or suspected of having a genetic disorder, this number increases each year.

The rapid growth of medical genetics has affected virtually all areas of medicine. At the Johns Hopkins University School of Medicine Department of Genetic Medicine (DGM), we have first-hand knowledge of the specialized expertise of trained genetic counselors and the tremendous value of these counselors for physicians, patients, and families. Our genetic counselors provide significant contributions to the education necessary for understanding the genetic contribution to disease and the implications this has 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 for the goals of individualized medicine. As precision medicine becomes increasingly important given the vast and rapidly increasing contributions of genetic research to medicine, so does the role of the genetic counselor in the continuum of care we provide our patients.

The DGM seeks to further the nation's understanding of human heredity and genetic medicine by consolidating all relevant teaching, patient care and research in human and medical genetics in Johns Hopkins to provide national and international leadership in genetic medicine. The DGM serves as a focal point for interactions between diverse investigators and healthcare providers to promote the application of genetic discoveries to human disease and genetics education to the public. We are proud that, in 1975, we were one of the first medical institutions in the country to add genetic counselors to our healthcare team. Over the ensuing years, we have successfully employed over 400 genetic counselors and through this experience have learned how valuable they are for

the delivery of state-of-the-art care for our patients. Currently, there are 30 genetic counselors working at Hopkins. They participate in the clinical specialties of genetic medicine, GYN/OB, maternal fetal medicine, fetal therapy, cardiology, neurology, ophthalmology, pulmonology, oncology, immunology, pediatrics, and plastic surgery. In these capacities, genetic counselors at Hopkins interact with more than 8,000 patients per year.

Genetic counselors are required to complete a two-year Master's degree that includes course work and in-person training in the clinic. As healthcare professionals, they provide information, education, counseling, advocacy, and the emotional support necessary for understanding the genetic contribution to a wide variety of medical conditions to patients and their families. Licensure for genetic counselors will ensure that genetic counseling providers are appropriately trained and credentialed. In the absence of licensure of genetic counselors, patients are at risk for receiving inaccurate information and/or improper care resulting from uninformed or misinformed choices regarding their medical management including the selection and interpretation of appropriate genetic testing.

With the COVID-19 pandemic and telemedicine waivers, our clinical providers were able to quickly pivot to meet the needs of our patients and effectively provide genetic counseling via telemedicine. Patients, particularly those in Western Maryland and on the Eastern Shore, experienced increased access to genetic counseling services and expressed gratitude for receiving these services without having to travel. This legislation is necessary to maintain access to genetic counseling via telemedicine while protecting patients and their families from unqualified providers. Additionally, the lack of licensure for genetic counselors in the State of Maryland meant that Maryland-based genetic counselors did not fall under Executive Orders of Maryland and other states to waive licensing requirements, with the result that many Maryland-based genetic counselors obtained licenses in other states in order to meet exemption requirements.

Licensure will formalize and strengthen the collaborative relationship of genetic counselors with treating physicians as they work within a multidisciplinary clinical setting and will improve access and timeliness to accurate and well-informed genetic information. As genetics and genomics is increasingly becoming a vital part of patient care, integration of genetic counselors at every aspect of clinical care is essential. In our opinion, absence of licensure for these highly trained professionals --our genetic counselors -- will restrict provision of greatly needed clinical genetics services to patients; a need that is ever-increasing in today's medicine.

Thus, for all these reasons, we respectfully and enthusiastically request a favorable report of SB0034.

Sincerely,



David Valle, M.D.
Henry J. Knott Professor and Director
McKusick-Nathans Department of Genetic
Medicine



Ada Hamosh, M.D., M.P.H.
Dr. Frank V. Sutland Professor
Clinical Director, Department of
Genetic Medicine

SB0034_FAV_MDCSCO_Genetics Counselors - Licensing.

Uploaded by: Kauffman, Danna

Position: FAV



MARYLAND/DISTRICT OF COLUMBIA
SOCIETY OF CLINICAL ONCOLOGY

January 26, 2021

The Honorable Paul Pinsky, Chair
Senate Education, Health & Environmental Affairs Committee
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

RE: **SUPPORT:** *Senate Bill 34: State Board of Physicians - Genetic Counselors -Licensing*

Dear Chair Pinsky and Members of the Senate Education, Health & Environmental Affairs Committee:

On behalf of the Maryland/District of Columbia Society of Clinical Oncology (MDCSCO), we support Senate Bill 34. Senate Bill 34 would require individuals that undertake the "practice of genetic counseling" to be licensed under the Maryland Board of Physicians. As the President of MDCSCO, I am committed, along with our members, to furthering our mission, which is:

1. To improve the quality and delivery of care in medical oncology in the State of Maryland and the District of Columbia.
2. To promote appropriate standards of care in oncology.
3. To cooperate with investigators conducting cancer research.
4. To assist in the continuing education of oncologists.
5. To educate the public, the government, insurance carriers, and other health care providers about appropriate prevention of cancer and current therapeutic options for patients with cancer.

We believe that Senate Bill 34 aligns with this mission and we request your support for this bill. Genetic testing has become an integral part of cancer risk assessment and management. Given that as much as 10% of all cancers are hereditary, the earlier identification of individuals before a diagnosis of cancer allows for optimal surveillance and early detection and prevention of cancer. Counseling involves evaluating a detailed family history, educating the patient about inheritance, and providing general information on cancer genetics. Appropriate training ensures that individuals will have the necessary knowledge in cancer genetics, screening, and preventive oncology.

I thank you in advance for your time and I look forward to working with you during the 2021 Session.

Sincerely,

A handwritten signature in black ink that reads "Paul Celano, MD".

Paul Celano, MD FACP FASCO
President, Maryland DC Society of Clinical Oncology
pcelano@gbmc.org
443-849-3051

Director, Sandra and Malcolm Berman Cancer Institute
Greater Baltimore Medical Center

Assistant Professor of Oncology, Obstetrics and Gynecology
Johns Hopkins University School of Medicine

Lam_FAV_SB0034.pdf

Uploaded by: Lam, Clarence

Position: FAV

CLARENCE K. LAM, M.D., M.P.H.
Legislative District 12
Baltimore and Howard Counties

Education, Health, and Environmental Affairs
Committee

Executive Nominations Committee

Joint Committee on Ending Homelessness

Chair

Joint Audit and Evaluation Committee

Joint Committee on Fair Practices and
State Personnel Oversight

Vice Chair

Baltimore County Senate Delegation

Chair

Howard County Senate Delegation



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Miller Senate Office Building
11 Bladen Street, Room 420
Annapolis, Maryland 21401
410-841-3653 · 301-858-3653
800-492-7122 Ext. 3653
Clarence.Lam@senate.state.md.us

Support SB 34 - State Board of Physicians - Genetic Counselors - Licensing

The Issue

- Currently, there is no licensure pathway for genetic counselors in the state of Maryland.
- The state of Maryland has not established professional standards for genetic counselors practicing in the state or a disciplinary infrastructure for practitioners that fail to uphold the ethical standards of the profession
- Telemedicine is a critical mode of service delivery in genetic counseling and limited to providers who are licensed by a state body
 - Federal licensure waivers instituted during the COVID-19 pandemic have increased genetic counseling access to many Marylanders, however, these waivers cannot be relied upon to continue.

SB 34 Primary Purposes and Functions

- Providing licensure for genetic counselors:
 - Safeguards patients from the unregulated practice of genetic counseling
 - Establishes a professional accountability structure commensurate with similar allied health professions
 - Increases access to genetic counseling services through telemedicine
 - Enhances Maryland's competitive advantage to retain the state's pool of genetic counselors
- Establishes a Genetic Counseling Advisory Committee under the State Board of Physicians which will be tasked with:
 - Creating genetic counseling licensure regulations
 - Instituting licensure fees and renewal requirements for genetic counselors
 - Establishing penalties for noncompliance with licensure requirements

Background

- Twenty-six states currently license genetic counselors, the majority of whom house these licensing bodies in their respective state board of physicians
- Genetic counselors require a master's degree, board certification, and continuing education requirements
- Stakeholders and the Maryland Board of Physicians have made significant efforts to collaborate in the production of this bill, which passed unanimously in the Senate during the previous session

Sponsored Amendments

- Adjusted Advisory Committee representation:
 - 4 genetic counselors, 2 physicians, 1 consumer member
- Increased regulation on out of state practice to be limited to consultation
- Enhanced the supervision language and clarify supervision contract requirements for counselors recently graduated waiting to sit for certification exam
 - Clarified the requirements of the supervision contract
 - Mandated genetic counselor trainees disclose their licensure status while practicing during the 12 months post-graduation



SB0034/443523/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

19 JAN 21
11:15:24

BY: Senator Lam

(To be offered in the Education, Health, and Environmental
Affairs Committee)

AMENDMENTS TO SENATE BILL 34

(First Reading File Bill)

AMENDMENT NO. 1

On page 2, in line 14, after “inaccuracies,” insert “authorizing a genetic counselor trainee to practice genetic counseling under certain circumstances; requiring a genetic counselor trainee to work under the supervision of a certain qualified supervisor at all times while practicing genetic counseling; requiring a qualified supervisor to take certain actions when providing general supervision to a genetic counselor trainee; requiring a genetic counselor trainee and a qualified supervisor to have a certain supervision contract; requiring a genetic counselor trainee to provide certain information to certain patients;”; and in line 29, strike “14–5G–28” and substitute “14–5G–29”.

AMENDMENT NO. 2

On page 8, in line 11, strike “IN” and substitute “**BY AND RESIDING IN**”; strike beginning with “AND” in line 12 down through “YEAR” in line 13 and substitute “**, IF THE GENETIC COUNSELOR IS ENGAGED IN CONSULTATION WITH A PHYSICIAN OR GENETIC COUNSELOR LICENSED IN THE STATE ABOUT A PARTICULAR PATIENT AND DOES NOT DIRECT PATIENT CARE**”; and strike beginning with “UNDER” in line 20 down through “ORGANIZATION” in line 24 and substitute “**IN ACCORDANCE WITH § 14–5G–22 OF THIS SUBTITLE**”.

On page 15, strike in their entirety lines 17 and 18; and in lines 19, 21, 27, 29, and 31, strike “(17)”, “(18)”, “(19)”, “(20)”, and “(21)”, respectively, and substitute “**(16)**”, “**(17)**”, “**(18)**”, “**(19)**”, and “**(20)**”, respectively.

(Over)

On page 16, in lines 8, 10, 12, 14, 18, 22, and 24, strike “(22)”, “(23)”, “(24)”, “(25)”, “(26)”, “(27)”, and “(28)”, respectively, and substitute “(21)”, “(22)”, “(23)”, “(24)”, “(25)”, “(26)”, and “(27)”, respectively.

On page 21, after line 19, insert:

“14-5G-22.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “GENETIC COUNSELOR TRAINEE” MEANS AN INDIVIDUAL WHO GRADUATED FROM A GENETIC COUNSELING TRAINING PROGRAM ACCREDITED BY A NATIONAL ACCREDITING ORGANIZATION.

(3) “QUALIFIED SUPERVISOR” MEANS A LICENSED GENETIC COUNSELOR OR A PHYSICIAN WHO PROVIDES GENERAL SUPERVISION FOR A GENETIC COUNSELOR TRAINEE UNDER THIS SECTION.

(B) A GENETIC COUNSELOR TRAINEE MAY PRACTICE GENETIC COUNSELING IN ACCORDANCE WITH THIS SECTION UNDER THE SUPERVISION OF A QUALIFIED COUNSELOR DURING THE 12-MONTH PERIOD IMMEDIATELY FOLLOWING THE INDIVIDUAL’S GRADUATION FROM A GENETIC COUNSELING TRAINING PROGRAM ACCREDITED BY A NATIONAL ACCREDITING ORGANIZATION.

(C) A GENETIC COUNSELOR TRAINEE SHALL WORK UNDER THE GENERAL SUPERVISION OF A QUALIFIED SUPERVISOR, WITH WHOM THE TRAINEE HAS AN ANNUAL SUPERVISION CONTRACT, AT ALL TIMES WHILE PRACTICING GENETIC COUNSELING.

(D) WHEN PROVIDING GENERAL SUPERVISION, A QUALIFIED SUPERVISOR:

(1) SHALL BE RESPONSIBLE FOR ASSESSING THE WORK OF THE GENETIC COUNSELOR TRAINEE, INCLUDING THROUGH REGULAR MEETINGS AND CHART REVIEW; AND

(2) IS NOT REQUIRED TO BE PHYSICALLY PRESENT WHILE THE GENETIC COUNSELOR TRAINEE PRACTICES GENETIC COUNSELING.

(E) A GENETIC COUNSELOR TRAINEE AND A QUALIFIED SUPERVISOR SHALL HAVE AN ANNUAL SUPERVISION CONTRACT THAT:

(1) IS SIGNED BY BOTH THE GENETIC COUNSELOR TRAINEE AND THE QUALIFIED SUPERVISOR;

(2) IS MAINTAINED BY THE GENETIC COUNSELOR TRAINEE AND THE QUALIFIED SUPERVISOR FOR A PERIOD OF 5 YEARS AFTER THE DATE ON WHICH THE CONTRACT IS SIGNED; AND

(3) INCLUDES:

(I) THE DATE ON WHICH THE GENETIC COUNSELOR TRAINEE GRADUATED FROM A GENETIC COUNSELING TRAINING PROGRAM; AND

(II) THE DATE AFTER WHICH THE GENETIC COUNSELOR TRAINEE MAY NOT PRACTICE AS A GENETIC COUNSELOR TRAINEE UNDER THIS SECTION.

(Over)

(F) THE GENETIC COUNSELOR TRAINEE SHALL PROVIDE TO EACH PATIENT:

(1) NOTICE OF THE GENETIC COUNSELOR TRAINEE’S STATUS AS A GENETIC COUNSELOR TRAINEE; AND

(2) THE IDENTITY OF THE GENETIC COUNSELOR TRAINEE’S QUALIFIED SUPERVISOR.”;

and in lines 20 and 25, strike “**14-5G-22.**” and “**14-5G-23.**”, respectively, and substitute “**14-5G-23.**” and “**14-5G-24.**”, respectively.

On page 22, in lines 4, 9, 20, and 30, strike “**14-5G-24.**”, “**14-5G-25.**”, “**14-5G-26.**”, and “**14-5G-27.**”, respectively, and substitute “**14-5G-25.**”, “**14-5G-26.**”, “**14-5G-27.**”, and “**14-5G-28.**”, respectively; and in lines 21 and 22 and 25 and 26, in each instance, strike “**§§ 14-5G-22 THROUGH 14-5G-25**” and substitute “**§§ 14-5G-23 THROUGH 14-5G-26**”.

On page 23, in line 3, strike “**14-5G-28.**” and substitute “**14-5G-29.**”.



SB0034/673327/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

21 JAN 21
15:38:17

BY: Senator Lam

(To be offered in the Education, Health, and Environmental
Affairs Committee)

AMENDMENTS TO SENATE BILL 34

(First Reading File Bill)

On page 5, in line 25, after “COUNSELORS;” insert “AND”; in line 26, strike “**THREE**” and substitute “TWO”; and strike beginning with “; AND” in line 26 down through “**MEMBER**” in line 27.

On page 6, strike in their entirety lines 7 through 20, inclusive; and in line 21, strike “**(E)**” and substitute “(D)”.

On page 7, in line 4, strike “**(F)**” and substitute and “(E)”.

On page 23, strike beginning with “one” in line 13 down through “member” in line 14 and substitute “two members who are certified genetic counselors”; and in line 15, strike “two members who are certified genetic counselors” and substitute “one member who is a certified genetic counselor”.

ASBrS-NSGC Joint Statement of Medical Societies Regarding Genetic Testing Requirements

Summary:

In an effort to emphasize the importance of genetic testing and to facilitate high-value genetics services by all clinicians, the ASBrS and the NSGC recognize the common goal of delivering quality genetic testing as part of optimal patient care for our patients. We want to assure that all patients who are eligible for testing have access. We recognize that some breast surgeons are prevented from ordering testing by institutional policies or insurer requirements. We believe any barriers to genetic testing pose the risk of exacerbating disparities in access to care.

It is proposed that:

1. Every patient who sees a breast surgeon should be evaluated for hereditary risk of cancer, potential need for genetic testing and/or genetic counseling.

Breast surgeons with sufficient experience and appropriate training in hereditary risk assessment/genetic testing should be able to order genetic testing when indicated. The breast surgeon should be knowledgeable in genetic testing and be able to provide patient education, counseling, and make recommendations to their patients regarding genetic testing and genetically-targeted care pathways, consistent with the American College of Surgeons' Commission on Cancer and National Accreditation Program for Breast Centers Standards on Cancer Risk Assessment, Genetic Counseling and Genetic Testing.

2. Genetic Counselors are a vital resource and provide valuable support in education, testing, and interpretation of genetic test results. A team approach to care is ideal, including both high-quality breast surgeons and genetics professionals for consultation and assistance as needed.
3. There are a multitude of different and equally effective genetic counseling service delivery models including in person and telemedicine. When necessary, these services can be made available within the particular time of surgical decision making for breast cancer treatment.
4. Increasing efforts will continue to facilitate the delivery of high value genetic counseling services through leveraging alternative service delivery models and fostering collaborative approaches to genetics service delivery between both genetics and non-genetics providers. This will effectively promote our mutual goal of providing hereditary risk assessment and genetic testing for all appropriate patients.



Jill R. Dietz, MD, FACS
President

The American Society of Breast Surgeons



Gillian Hooker, PhD, ScM, LCGC
President

National Society of Genetic Counselors

The DNA Exchange

BY DNAEXCHANGEGUEST | NOVEMBER 30, 2020 · 4:58 PM

Bias In The Genetic Counseling Profession: Reimagining The Certification Exam

By Sarah Hopkins

Sarah Hopkins, MS, CGC works as a genetic counselor in a bleeding disorder clinic in NYC. She also works as a project coordinator for a COVID19 biobank. On Twitter @SarahGenetics

It has been observed for decades that genetic counseling is an [overwhelmingly white](#) profession. The profession has been sensitive to this, and organization leaders have endeavored to eliminate bias and reduce barriers to the field. In particular, it's been recognized that the Board exam has biased questions. Unlike in nursing or medicine, however, we don't know whether our Board pass rates vary by ethnicity because those data are not collected.

Standardized testing has [disadvantaged](#) people of color in [numerous fields](#) of testing since the early 1900s. Among the founders of standardized testing was Princeton psychologist and eugenicist [Carl Brigham](#), who wrote that the SAT would help prove the superiority of the white race and prevent "[the infiltration of white blood into the Negro](#)." Standardized tests helped place US soldiers in units segregated by race and test score. Test scores have repeatedly been shown to predict the test taker's [race and wealth](#), and not clinical competence. Civil rights [lawsuits](#) on behalf of people of color and students with disabilities have challenged the use of standardized testing in undergraduate and [graduate](#) admissions, as well as in [certification](#) in other professions.

Educational institutions have been [dropping](#) the tests, even more so during the [pandemic](#). While Board certification is required by states that grant licensure, and most employers require it, that doesn't mean the Boards must continue in their current form.

Genetic counselors have devoted years of practice analyses and committee work towards removing bias in Board questions, and yet ethnic stereotyping persists. Racism continues through unconscious and unquestioned assumptions. I just learned from an [MTV video](#), of all places, that the term "Caucasian," which we genetic counselors are among the last [groups](#) to use, is outdated and absurd. The Boards continue to be no more enlightened than I am. The exam I took featured a question with a Chinese American family silently refusing to discuss their shame surrounding a genetic condition. Another question described an "East Indian family," a [eurocentric](#) term best abandoned along with Caucasian. The East Indian couple features a husband making all the decisions while the wife sits silently. The only woman in the exam who has children with more than one partner is Hispanic. Inherited genetic conditions in the exam are "common in Jewish communities because of arranged marriages." One question asks about the use of interpreters and assumes you, the genetic counselor, are fluent only in English, and not, say, Mandarin.

Many, if not most genetic counselors are concerned with the lack of diversity in the field, about inequity in recruitment, admission, curriculum, hiring and promotion. We podcast and blog about it, we tweet and post, we meet virtually and in person. But trying to eliminate bias in multiple choice exams ignores the original mistake of using these exams in the first place. We're rearranging deck chairs on the Titanic.

Multiple choice tests do not lend themselves to the subtlety that is required in clinical practice. Patients [don't present with five choices](#). If we want to ensure graduates are ready to practice, then we should use open-ended questions. Internist and essayist Danielle Ofri [recommends](#) that physician recertification be open-book, and not timed. She argues that open-book tests would

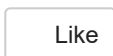
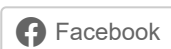
mimic real life, that in clinical practice, memorization of facts alone is insufficient. We look things up and consult colleagues. Relying solely on memory, she writes, amounts to malpractice.

Open-ended questions are also preferable to multiple choice because they easily allow for change. We'll change our minds in one year, five years, ten years about which test to order, how we refer to an ethnic group, the way we approach a diagnosis. Multiple choice tests don't allow the kind of nimble approach we need as our practice changes. When we cling to a multiple choice exam to confer certification on genetic counselors, we are putting ourselves at the mercy of the testing industry. We are not allowing for inevitable change in a field that changes more quickly than most.

Exam questions could be written by a required number of genetic counselors who are from underrepresented ethnic groups. The Boards could be graded by genetic counselors, using an agreed-upon rubric developed by experts in each area. Graders could be awarded continuing education credits for their work. Pass rates should be reported by ethnic groups, perhaps over a three-year period, to enhance anonymity.

The challenges we face with the pandemic, coupled with the imperative to address systemic racism provide an opening to imagine a new approach to certification. We should dispense with a testing method that has never served our profession well. Next step: diversifying graduate admissions.

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[Why "H.R.3235 The Access To Genetic Counselors Services Act" Makes ACMG Feel Threatened By Genetic Counselors \(Again\)](#)
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[What Do We Mean By "Psychosocial" in Genetic Counseling?](#)
In "Robert Resta"

[The Great Genetic Counseling Divorce of 1992: A Historical Perspective On Change In The Genetic Counseling Profession](#)
In "Robert Resta"

8 responses to “*Bias In The Genetic Counseling Profession: Reimagining The Certification Exam*”

SB34_HB299_LifeBridgeMFM_FAV.pdf

Uploaded by: Lubaton, Monique

Position: FAV

1/21/2020

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

Re: S.B.34/H.B.299, the "State Board of Physicians – Genetic Counselors – Licensing."

Dear Maryland Elected Officials,

On behalf of the Lifebridge Health System Division of Maternal Fetal Medicine, thank you for the opportunity to support **S.B.34/H.B.299, the "State Board of Physicians – Genetic Counselors – Licensing."** 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 SB34.

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 genomics become increasingly important, 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 patients with information, education, counseling, advocacy, and emotional support for medical conditions that have genetic contributions. They are key members in several of our clinical care teams here at Lifebridge Health System. 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 obstetrics & gynecology. Approximately 3% of all pregnancies have congenital anomalies, and 1-2% of all screened couples are at risk for autosomal recessive diseases detectable by current genetic carrier screening technologies. These patients 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 the field of Medicine today.



The Institute for Maternal Fetal Medicine

Pedro P. Arrabal, M.D., Director
Geraldyn C. O'Reilly, M.D.
Robert M. Ehsanipoor, M.D.

The Louis and Henrietta Blaustein
Women's Health Center
For these reasons, we respectfully ask that the Committee consider championing/supporting legislation
for genetic counselor licensure in Maryland by recommending favorably on **S.B.34/H.B.299, the "State
Board of Physicians – Genetic Counselors – Licensing."**

Sincerely,

Robert M. Ehsanipoor, MD

CARE BRAVELY

Licensure Letter of Support - Organization Senate2

Uploaded by: Murray, Brittney

Position: FAV

Charles J. Lowenstein, M.D.
Professor of Medicine
Chief of Cardiology

Division of Cardiology
600 North Wolfe Street/Blalock 910
Baltimore Maryland 21287
T 410-955-3097
F 410-614-3191
clowens1@jhmi.edu



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, reading "Charles J. Lowenstein". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

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

SB 34 HB HB 299 State Bd of Physicians - Genetic C

Uploaded by: Reece, E. Albert

Position: FAV

January 20, 2021

Senator Clarence K. Lam, MD

Miller Senate Office Building, Room 420
11 Bladen St., Annapolis, MD 21401

Delegate Alfred C. Carr, Jr.

House Office Building, Room 222
6 Bladen St, Annapolis, MD 21401

Dear Maryland Elected Officials:

On behalf of the University of Maryland, School of Medicine we write to thank you for your leadership as original sponsors of the bipartisan S.B. 34, and H.B. 299, the “State Board of Physicians- Genetic Counselors- Licensing.” Currently, Maryland does not legally specify who may use the title of genetic counselor. Licensure for genetic counselors is an important mechanism to help consumers identify appropriately qualified genetic counseling providers. We strongly support this legislation to license genetic counselors in the state of Maryland.

The rapid growth of medical genetics has affected virtually all areas of medicine. This specialized expertise aids 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 becomes increasingly important given the vast array of research findings available, so does the role of the genetic counselor in the care continuum.

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. 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 impacted by genetic disease.

The bill will result in cost savings of healthcare dollars via identification of accurate testing on appropriate individuals. Studies show that healthcare providers without training in genetics often order more expensive genetic testing than is medically indicated, amounting to unnecessary health care expenditures. A number of studies suggest that 30% of genetic tests ordered by providers without specialized training are inappropriate.

The University of Maryland School of Medicine seeks to further the nation's understanding of human heredity and genetic medicine through innovative teaching, patient care and research in human and medical genetics as well as providing national and international leadership in genetic medicine. We are proud to be the first genetic counseling training program in the state of Maryland. Since 1996, the University of Maryland Master's in Genetic Counseling training program has successfully graduated over 150 genetic counselors, many of whom chose to remain in Maryland and provide genetic counseling services to the citizens of Maryland. Currently, there are 15 genetic counselors working in clinical, research and laboratory positions across the institution. The counselors work within the clinical specialties of adult genetic medicine, GYN/OB, maternal fetal medicine, cardiology, neurology, oncology, and pediatrics.

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. 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 and HB 299.

Thanking you kindly.

Sincerely yours,

A handwritten signature in black ink, reading "E. Albert Reece". The signature is fluid and cursive, with the first name "E." and last name "Reece" clearly legible.

E. Albert Reece, MD, PhD, MBA

*Executive Vice President for Medical Affairs, UM Baltimore
John Z. and Akiko K. Bowers Distinguished Professor and
Dean, University of Maryland School of Medicine*

Testimony of John Richardson NSGC Jan 2021.pdf

Uploaded by: Richardson, John

Position: FAV

Testimony of John Richardson, Director of Policy and Government Relations,
National Society of Genetic Counselors
Before the Maryland Senate Education, Health & Environmental Affairs Committee
in support of
SB 34 State Board of Physicians – Genetic Counselors – Licensing.

Dear Chairman Pinsky, Vice Chair Kagan and distinguished Members;

I am John Richardson, Director of Policy and Government Relations for the National Society of Genetic Counselors (NSGC). I am also a resident of Edgewater, MD. On behalf of the NSGC, we want to thank Senator Lam for introducing SB 34, a bill to license genetic counselors, and this committee for their work to usher this important legislation through the Senate last year. SB 34 will help protect the public from unqualified individuals providing genetic counseling while improving access to high quality genetic services in Maryland. I appreciate the opportunity to testify in favor of this important legislation that would provide licensure for certified genetic counselors in Maryland.

Who are genetic counselors?

- Genetic counselors are healthcare providers with significant training and expertise in human and medical genetics, patient education, and psychosocial counseling; obtained through a 2-year accredited Masters level program.
- There are 52 accredited graduate training programs in the United States including two in Maryland, housed at the University of Maryland School of Medicine, and a joint program at Johns Hopkins University/National Human Genome Research Institute.
- Genetic counselors are certified through the American Board of Genetic Counseling. It is one of the fastest growing professions, having grown 100 percent over the previous ten years and an expected growth of 80 percent the next 10 years.
- Genetic counselors are part of a healthcare team providing information and support to individuals and families concerned about risk of genetic disorders. They identify individuals and families at risk of genetic conditions and quantify these risks; explain inheritance and natural history; provide informed consent for genetic testing; identify, review, and select testing options; promote adaptation to genetic risk, and serve as patient advocates.
- Genetic counselors work in a wide range of clinical care, academic, laboratory, research, and biotechnology settings. In Maryland, there are approximately 160 certified genetic counselors, a majority of whom provide direct patient care in a variety of specialties.
- In addition, there are a number of genetic counselors working at the National Institute of Health on public health genomics programs and research including a focus on rare diseases.

Why do we need genetic counseling licensure?

- 1) Currently in Maryland, there is no legal standard for who can represent themselves as genetic counselors. In addition, there is no definition for what services they are authorized to provide.

SB 34 would establish legal requirements for the licensure of genetic counselors ensuring high quality genetic counseling services. The bill protects Marylanders from the potential harms of receiving inaccurate information about genetic risks that can occur when individuals who do not meet minimum education and certification standards provide this information. Documented harms identified in Maryland include misunderstanding or misinterpreting genetic information (e.g., family history, genetic test results) leading to unnecessary treatment/surgery, lack of

necessary screening and surgery, treatment or preventative measure, lack of informed consent, financial harms, and avoidable fear or anxiety.

Many genetic test results are complex and are difficult to interpret for practitioners who do not have training in genetics. An example of the types of harm that occur would be a woman whose test results indicated a variance of unknown significance. In this instance, a genetic mutation is not known to be pathogenic and heightened surveillance may be warranted. In some instances these results are misinterpreted by non-genetics practitioners and these women have needlessly undergone mastectomies. There are many other possible physical harms that occur when genetic tests results are misapplied.

There are also financial harms. Exciting innovation has led to a very dynamic genetic testing marketplace. The prices of genetic tests vary broadly and test selection can be a challenge for non-genetics practitioners. While a \$10,000 test may be required for some patients, others may benefit from a \$500 test. Genetic counselors have the expertise to ensure the right test is selected for the right person, which can save individuals and health systems, such as Medicaid, money. Studies have shown that healthcare providers without training in genetics often order more expensive genetic testing than is indicated, amounting to unnecessary healthcare expenditures. A number of studies suggest that 30 percent of genetic tests ordered by providers without specialized training are inappropriate.

2) SB 34 would ensure that individuals using the title of genetic counselor have met minimum education, continuing education, and certification standards. This is particularly important given the growing complexity of genetic testing with an estimated 10 new tests coming to market daily.

3) SB 34 would provide reassurance that the quality of genetic services in the State of Maryland are comparable to that of neighboring states. Nationally, 29 states have enacted licensure laws for genetic counselors including our nearest neighbors: Pennsylvania, Delaware, and Virginia. Without licensure, individuals without appropriate credentials could provide genetic counseling and therefore decrease the quality of services in our state as compared to neighboring states.

4) SB 34 would ensure that the State of Maryland is working to retain and attract highly educated healthcare professionals. As home to two genetic counseling graduate programs at a time when genetic counselors are in high demand, it is important that our State retain as many graduates as possible. Graduates consider the availability of licensure when seeking employment as it allows independent practice and efficient care delivery. Without licensure, the State may also have a hard time attracting new graduates from outside Maryland to practice here or may not get the same caliber of graduates as states with licensure.

In conclusion, the NSGC is hopeful that the committee will work with Senator Lam to enact genetic counselor licensure that will ensure the people of Maryland receive high quality genetic counseling services. I thank the Chairman, Vice Chair, Senator Lam and this committee for your attention to this important issue, and I offer myself as a resource as you move forward.

2021_ASBrS_NSGC_Joint_Statement.pdf

Uploaded by: Riker, Adam

Position: FAV

ASBrS-NSGC Joint Statement of Medical Societies Regarding Genetic Testing Requirements

Summary:

In an effort to emphasize the importance of genetic testing and to facilitate high-value genetics services by all clinicians, the ASBrS and the NSGC recognize the common goal of delivering quality genetic testing as part of optimal patient care for our patients. We want to assure that all patients who are eligible for testing have access. We recognize that some breast surgeons are prevented from ordering testing by institutional policies or insurer requirements. We believe any barriers to genetic testing pose the risk of exacerbating disparities in access to care.

It is proposed that:

1. Every patient who sees a breast surgeon should be evaluated for hereditary risk of cancer, potential need for genetic testing and/or genetic counseling.

Breast surgeons with sufficient experience and appropriate training in hereditary risk assessment/genetic testing should be able to order genetic testing when indicated. The breast surgeon should be knowledgeable in genetic testing and be able to provide patient education, counseling, and make recommendations to their patients regarding genetic testing and genetically-targeted care pathways, consistent with the American College of Surgeons' Commission on Cancer and National Accreditation Program for Breast Centers Standards on Cancer Risk Assessment, Genetic Counseling and Genetic Testing.

2. Genetic Counselors are a vital resource and provide valuable support in education, testing, and interpretation of genetic test results. A team approach to care is ideal, including both high-quality breast surgeons and genetics professionals for consultation and assistance as needed.
3. There are a multitude of different and equally effective genetic counseling service delivery models including in person and telemedicine. When necessary, these services can be made available within the particular time of surgical decision making for breast cancer treatment.
4. Increasing efforts will continue to facilitate the delivery of high value genetic counseling services through leveraging alternative service delivery models and fostering collaborative approaches to genetics service delivery between both genetics and non-genetics providers. This will effectively promote our mutual goal of providing hereditary risk assessment and genetic testing for all appropriate patients.



Jill R. Dietz, MD, FACS
President

The American Society of Breast Surgeons



Gillian Hooker, PhD, ScM, LCGC
President

National Society of Genetic Counselors

Testimony-CGC Licensure-2021.pdf

Uploaded by: Riker, Adam

Position: FAV

Summary Statement: 01/22/2021
Licensure of Certified Genetics Counselors [CGC's]

Recommendations to the Committees

- In regards to the 6 amendments being proposed by the Maryland Board of Physicians, I **STRONGLY OPPOSE ALL 6 PROPOSED AMENDMENTS as completely unnecessary, untimely, unfounded, and unsupported by the data and real time team efforts of the CGC in their daily practice.** The licensure of CGC's has been successfully recognized and achieved in 29 other states without ANY of the proposed amendments. It is both disappointing and disheartening that my professional licensing board has NOT chosen to fully support and embrace both licensing and recognition of CGC's as certified professionals, recognized across the country as an integral part of the cancer care team
- I would recommend to these committees that there should be no further delay in proceeding forward, **without amendments**, with full and unrestricted licensure for certified genetics counselors to fully practice, and deliver care as designated within the scope of their profession

Talking Points, Evidence and Data

- In an effort to emphasize the **important nexus between our respective societies of the American College of Breast Surgeons [ASBS] and the National Society of Genetic Counselors, a recent joint statement has been published in January of 2021,** highlighting the current barriers that exist for genetic counseling/testing, further exacerbating disparities in the access to care [See attached joint statement]
- The current standard of care and consensus guidelines for certified genetic counseling and testing for a newly diagnosed breast cancer patient states that **"Every patient who sees a breast surgeon should be evaluated for the hereditary risk of cancer, potential need for genetic testing and/or genetic counseling"** [see attached joint statement]
- We are **under-diagnosing hereditary breast and ovarian cancer in our Maryland Medicare population, due in part, to the lack of access to certified genetics counselors** within a health system, partially due to the costs of hiring a CGC without the ability to bill for their services [since they are currently NOT recognized as a certified health care provider]
- It is abundantly clear that the ordering physician for genetic testing are indeed **ordering the incorrect test in many instances [in ~50% of the cases], further lacking the knowledge or understanding of how to correctly interpret the results** of the gene testing into appropriate actionable results

- Errors in management are routinely being made by the ordering physicians and surgeons, due to a serious knowledge gap of how to correctly interpret the results of genetic testing. In many instances, patients are undergoing unnecessary, and inappropriate, operations and medical treatment as a result
- There is a rough estimate of \$10-15 million dollars/year of wasted resources as a direct result of inappropriate/incorrect genetic testing being ordered BY PHYSICIANS, mainly, ordering the wrong gene panels, and resulting in downstream inappropriate treatment recommendations
- An average of \$100,000/month can be saved by involving a licensed, certified genetics counselor in the care of patients in need of counseling and genetic testing
- Many patients with breast cancer are tested without ever seeing a genetic counselor, with ½ of average risk patients with a Variant of Unknown Clinical Significance [VUS] undergoing a bilateral mastectomy, strongly suggesting a limited understanding by physicians of how to correctly interpret the results of the genetic testing that they ordered
- The overall risk assessment of a patient is only deemed "optimal" with a thorough consultation with a licensed, certified genetics counselor, highlighted by workforce shortages, limited time for physicians to adequately counsel such patients, and a lack of knowledge of current multigene panel testing
- One of the largest barriers to the utilization of genetic testing and counseling in patients with suspected hereditary breast and ovarian cancer is the lack of a referral to a licensed certified genetic counselor by the treating physician
- Adding to this issue, is that hospital systems are reluctant to hire new CGC's if they are not officially licensed so that they are appropriately recognized within their specialty and expertise, with the ability to be duly compensated for such services, similar to other healthcare professionals.

**I am happy to provide the committee with numerous peer reviewed, published data and articles on each of the talking points above [ariker@AAHS.org]

Best Regards,

A handwritten signature in blue ink that reads "Adam Riker M.D." with a stylized flourish at the end.

Adam I. Riker, M.D., F.S.S.O., F.A.C.S.

Maryland CGC Licensure_SB34 Testimony_Jan2021.pdf

Uploaded by: Schlager, Lisa

Position: FAV



Facing Hereditary Cancer EMPOWERED

January 26, 2021

SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE

State Board of Physicians-Genetic Counselors-Licensing

Senate Bill 0034 - FAVORABLE POSITION

Good afternoon. Thank you for the opportunity to comment on Senate Bill 0034, which would establish licensure of genetic counselors in the state of Maryland.

My name is Lisa Schlager and I am the Vice President of Public for FORCE, a national nonprofit that advocates for people facing hereditary cancers. I am speaking on behalf of our national organization as well as our Maryland constituents, including myself. The majority of our members carry inherited genetic mutations that significantly increase their risk of cancer. Access to knowledgeable professionals with expertise in genetics is crucial in helping those faced with genetic testing make informed medical decisions. As such, we strongly support the MDCGC and its commitment to ensuring that Maryland residents have access to high quality care—achieved through genetic counselors licensure.

Genetics is a rapidly growing, complex field that affects virtually every facet of medicine. Quality genetic counseling services are vital as more consumers base healthcare decisions such as increased cancer screening, risk-reducing surgeries or family-building choices on genetic test results.

Most healthcare providers have little or no training in genetics. Genetic counselors, however, have advanced degrees in medical genetics and counseling. They are uniquely trained to provide information, education, advocacy, and emotional support for medical conditions that have genetic indications. They often work in tandem with oncologists, surgeons, internists and other health practitioners to provide the full spectrum of personalized medicine.

With the expansion of genetic testing, we have seen an increase in fraudulent genetic counseling and testing practices—often targeting our most vulnerable citizens. In recent years, FORCE has filed

complaints against several companies and individuals for unscrupulous behavior. In the majority of these cases, those providing “genetic counseling” had little or no training in genetics; and, most had no healthcare background. Inappropriate genetic testing or misinterpretation of results can lead to serious adverse outcomes for patients and their families

Research shows that genetic counselor licensure also serves to save the health system money. Genetic tests and the associated medical services are costly. Nearly a quarter of all genetic tests are ordered incorrectly, by clinicians who have insufficient knowledge of genetic testing.^{1,2} This includes orders for unwarranted, cost-ineffective, duplicate, or entirely unnecessary tests.^{3,1} Licensed genetic counselors have the expertise to guide appropriate patient assessment and ordering of genetic tests, thereby minimizing wasteful spending and combating health care fraud and abuse.

National guidelines recommend genetic counseling before and after genetic testing. Currently, Maryland does not legally specify who may use the title of genetic counselor. Why does our state require licensing for massage therapists and personal trainers—but not for those providing guidance on potentially life-altering medical decisions? Licensure is an important mechanism to help consumers and healthcare practitioners identify appropriately trained and qualified genetic counseling professionals. This will benefit patients and providers alike by facilitating access to the most current, evidence-based information and care.

In summary, we strongly support this legislation and urge you to endorse licensure of genetic counselors in Maryland.

¹ Miller *et al.* *Am J Med Genet A*. 2014.

² Lynch and Nouvelage. (2019 Sep 27). *Reuters*. Retrieved from: <https://www.reuters.com/article/us-usa-fraud-genetics-idUSKBN1WC1PH>

³ Berlin (2020 July). *Texas Medicine*. Retrieved from: <https://www.texmed.org/TexasMedicineDetail.aspx?id=53946>

Maryland CGC Licensure_SB34 Written Comments_Jan20

Uploaded by: Schlager, Lisa

Position: FAV



Facing Hereditary Cancer **EMPOWERED**

January 26, 2021

RE: Favorable position on SB 0034

Dear esteemed Members of the Education, Health, and Environmental Affairs Committee,

I am writing on behalf of FORCE, a national nonprofit organization that advocates for individuals and families facing hereditary cancers. The majority of our constituents carry inherited genetic mutations (i.e. BRCA1, BRCA2, ATM, CHEK2, PALB2, etc.) that significantly increase their risk of breast, ovarian, colon, pancreatic, prostate and other cancers. Access to knowledgeable healthcare professionals with expertise in genetics is crucial in helping those faced with genetic testing make informed medical decisions. As such, we strongly support the Maryland and DC Society of Genetic Counselors (MDCGC) and its commitment to ensuring that Maryland residents have access to high quality care—achieved through the licensing of genetic counselors.

Genetics is a rapidly growing, increasingly complex field that has applications in virtually every facet of medicine. Quality genetic counseling services are essential as more consumers base healthcare decisions such as increased cancer screening, risk-reducing surgeries or family-building choices on genetic test results.

The majority of healthcare providers have little or no training in genetics. Conversely, genetic counselors have advanced degrees in medical genetics and counseling. They are uniquely trained to provide information, education, advocacy, and emotional support for medical conditions that have genetic indications. They often work in tandem with oncologists, surgeons, internists, gynecologists and other health practitioners to provide the full spectrum of personalized medicine.

With the expansion of genetic testing, we have seen an increase in fraudulent genetic counseling and testing practices—often targeting our most vulnerable citizens. In recent years, FORCE has filed complaints against several companies and individuals for unscrupulous behavior. In the majority of these cases, those providing “genetic counseling” had little or no training in genetics; and, most had no healthcare background. Inappropriate genetic testing or misinterpretation of results can lead to serious adverse outcomes for patients and their families

One glaring example is the case of Elisha Cooke-Moore, an Oregon woman who was told that her genetic test revealed an inherited MSH1 mutation, which is associated with Lynch syndrome and a high risk of cancer. Only after Cooke-Moore underwent a hysterectomy and double mastectomy did she learn that her test results had been misinterpreted. With access to a qualified genetic expert, this calamity could have been avoided. Genetic counselor licensure serves to protect patients from this type of medical harm.

Research shows that licensure of genetic counselors also serves to save the health system money. Genetic tests and the associated medical services are costly. Nearly a quarter of all genetic tests are ordered incorrectly, by clinicians who have insufficient knowledge of genetic testing.^{1,2} This includes orders for unwarranted, cost-ineffective, duplicate, or entirely unnecessary tests.^{3,1} Licensed genetic counselors have the expertise to guide appropriate patient assessment and ordering of genetic tests, thereby minimizing wasteful spending and combating healthcare fraud and abuse.

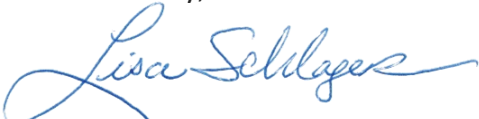
A study published in the *Journal of Oncology Practice* affirmed that counseling with a genetics expert is very important for the successful implementation of genetic testing:

“...of those who had a pre-test discussion, those with a certified counselor were more likely to recall important information about having a pedigree drawn, laws protecting against discrimination by health insurers, and issues related to life and disability insurance. Additionally, those with a certified genetics counselor were more likely to get the appropriate, guideline-recommended testing.”

National guidelines recommend genetic counseling before and after genetic testing. Currently, Maryland does not legally specify who may use the title of genetic counselor. Why does our state require licensing for massage therapists and personal trainers—but not for those providing guidance on potentially life-altering medical decisions? Licensure is an important mechanism to help consumers and healthcare practitioners identify appropriately trained and qualified genetic counseling professionals. This will benefit patients and providers alike by facilitating access to the most current, evidence-based information and care.

In summary, we strongly support this legislation and urge you to endorse licensure of genetic counselors in Maryland.

Sincerely,



Lisa Schlager
Vice President, Public Policy
and Maryland resident

¹ Miller *et al.* *Am J Med Genet A*. 2014.

² Lynch and Nouvelage. (2019 Sep 27). *Reuters*. Retrieved from: <https://www.reuters.com/article/us-usa-fraud-genetics-idUSKBN1WC1PH>

³ Berlin (2020 July). *Texas Medicine*. Retrieved from: <https://www.texmed.org/TexasMedicineDetail.aspx?id=53946>

Letter of Support_MDCGC_Licensure.pdf

Uploaded by: Vargason, Ashlee

Position: FAV



TO: Senator Clarence Lam

FROM: Maryland & DC Society of Genetic Counselors

DATE: January 21, 2021

On behalf of the Maryland and DC Society of Genetic Counselors (MDCGC), thank you for the opportunity to support **SB0034 State Board of Physicians – Genetic Counselors – Licensing**. Our organization supports proposed legislation that will improve access to quality healthcare services, including genetic counseling services, in Maryland. Our organization has worked tirelessly to secure licensure for genetic counselors in Maryland as means toward this end.

Our organization is grateful to you for introducing bill **SB0034** and is requesting your support of this bill as our elected representative.

I am a genetic counselor in Bethesda, Maryland and I am representing the MDCGC as the current president of the organization. The mission of the MDCGC is not only to provide support and continuing education to genetic counselors in the state of Maryland, but to also advocate for the genetic counseling profession in our area for our patients and to increase the public's accessibility to accurate information on genetics services and genetics information. The passing of licensure in the state of Maryland is critical in achieving these goals. As MDCGC has provided updates to our membership about the status of licensure in Maryland, there has been overwhelming support for this bill from the genetic counselors involved in our organization.

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. 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. Inappropriate genetic testing or misinterpretation of results by clinicians who lack appropriate training and have insufficient knowledge of genetic testing could lead to adverse outcomes for patients such as irreversible medical decisions, unwarranted medical tests and surveillance, or the failure to adopt life-saving measures. This is not only an adverse outcome to the patient but a financial burden to the healthcare system. Research also shows that genetic counseling helps increase patient satisfaction by ensuring that patients receive the right test the first time, with a correct interpretation of the results.

In order to ensure all Maryland residents have access to necessary medical care and appropriately trained genetics health providers, it is imperative that we increase access to genetic counselors and high quality genetic medicine in the state. Currently, there are approximately 115 genetic counselors who serve over 6 million residents in the state of Maryland. Overall, there is a shortage of genetic counselors and the lack of licensure in the state continues to limit the scope of our practice such as billing and reimbursement to hospitals for our services and the inability to practice independently. Licensure in our state would not only attract quality trained healthcare professionals to Maryland, but it would also allow for maximum flexibility in service delivery including expanding access to genetics services in rural areas through telemedicine.



Currently, Maryland does not legally specify who may use the title of genetic counselor. Licensure for genetic counselors is an important mechanism to help consumers identify appropriately qualified genetic counseling providers.

Please consider championing legislation for genetic counselor licensure in Maryland.

Sincerely,

Ashlee Vargason, MGC, CGC
Genetic Counselor, President
Maryland & DC Society of Genetic Counselors

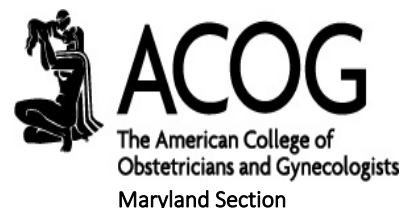
SB0034_FAV_MedChi,MDACOG_ State Board of Phys - Ge

Uploaded by: Wise, Steve

Position: FAV



The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org



TO: The Honorable Paul G. Pinsky, Chair
Members, Senate Education, Health, and Environmental Affairs Committee
The Honorable Clarence K. Lam

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman

DATE: January 26, 2021

RE: **SUPPORT** – Senate Bill 34 – *State Board of Physicians – Genetic Counselors - Licensing*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Section of the American College of Obstetricians and Gynecologists (MDACOG), we submit this letter of **support** for Senate Bill 34.

This legislation requires a license to practice as a genetic counselor in Maryland, outlines the scope of practice for a genetic counselor, and provides the basis for discipline for a genetic counselor, among other things. MedChi and MDACOG believe that genetic counselors can provide valuable information to patients, and therefore supports this legislation.

Senate Bill 34 was introduced during the 2020 Session as Senate Bill 763 and passed the full Senate but did not pass the House. MedChi and ACOG asked for amendments last year which were adopted by this Committee, and these are reflected in this year's bill. These included: 1) Ensuring that a genetic counselor cannot diagnose or treat an illness, disease, or condition; and 2) Requiring that the genetic counselor refer a patient to a licensed physician or other appropriate practitioner if the counselor determines that the patient requires a diagnosis or treatment.

Because the amendments from 2020 are reflected in Senate Bill 34, MedChi and MDACOG support this legislation.

For more information call:

J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
410-244-7000

SB 34 – State Board of Physicians - Genetic Counse

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Position: FAV



Maryland
Hospital Association

January 26, 2021

To: The Honorable Shane E. Pendergrass, Chair, House Health & Government Operations Committee

Re: Letter of Support - Senate Bill 34 – State Board of Physicians - Genetic Counselors - Licensing

Dear Chair Pendergrass:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 34. Maryland hospitals ensure each person who comes through their doors receives the best possible care. SB 34 would protect Marylanders by adopting standards for genetic counselors in our state—requiring appropriate training, reputable certifications, and ongoing continuing education.

Unlike in 29 other states, there is no legal standard in Maryland to determine who can represent themselves as genetic counselors. Yet, about 220 genetic counselors lived or worked in the state in January 2020—60% in a clinical setting. Genetic counselors analyze patients' family and medical histories and counsel them as they try to make informed choices about their long-term health.

Setting standards for genetic counselors will give peace of mind to patients who base medical decisions on their guidance. It also would give Maryland the needed authority to regulate these services by preventing unqualified people from practicing and suspending or revoking licenses when necessary.

This small investment would increase access to genetic services and providers in our state and help attract more trained genetic counselors to Maryland.

Maryland hospitals are committed to improving health care for all Marylanders. This requires access to trained, qualified professionals when seeking information to make the right health care decisions for themselves and their families.

For these reasons, we urge a favorable report.

For more information, please contact:
Jennifer Witten, Vice President, Government Affairs
Jwitten@mhaonline.org

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Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: FWA



Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Damean W.E. Freas, D.O., Chair

2021 SESSION POSITION PAPER

BILL NO: SB 34 – State Board of Physicians – Genetic Counselors – Licensing
COMMITTEE: Education, Health, and Environmental Affairs
POSITION: Favorable with Amendments

TITLE: State Board of Physicians – Genetic Counselors – Licensing

BILL ANALYSIS: Requires the State Board of Physicians to license genetic counselors; establishes the Genetic Counseling Advisory Committee within the Board; requires individuals to be licensed by the Board as genetic counselors before practicing genetic counseling except under certain circumstances.

POSITION AND RATIONALE:

Over the interim, the Maryland Board of Physicians (the “Board”) has worked with the bill sponsor, stakeholders and proponents of SB 34 – Genetic Counselors – Licensing. During the process, while the parties have identified many areas of agreement, two major obstacles to licensure under the Board still remain. Until these issues are resolved, the Board is reluctant to fully support SB 34 without the amendments set forth below.

First and foremost, there are consistency issues that would set genetic counselors apart from other allied health practitioners currently licensed by the Board. In the Board’s Sunset Review of 2019, one of the major recommendations made by the Department of Legislative Services was to amend “statutory provisions that have inconsistent language, typographical errors, obsolete references, or are redundant” among the statutes for the eleven allied health practitioners currently licensed under the Board.

A key issue for the Board is the lack of a direct nexus between genetic counselors and physicians. Currently, all allied health practitioners regulated by the Board have an established relationship between a physician and the allied health practitioner. For example, a physician assistant practices under a Board-approved delegation agreement with a supervising physician, an athletic trainer operates within an evaluation and treatment protocol established with a physician, and a naturopathic doctor is required to have on file with the Board a collaboration agreement with a licensed physician. SB 34 does not provide for any collaborative, supervisory or referral-based agreement between a physician and a licensed genetic counselor.

While the lack of a nexus between physicians and genetic counselors represents the Board's most significant concern, there are also other areas that must be addressed before moving forward with licensure. The composition of the Genetic Counselor Advisory Committee currently leaves the committee at an even number of participants and over-represents genetic counselors in its makeup. Licensure exemptions in SB 34 for recent graduates and out-of-state licensees would allow for unlicensed individuals to practice in Maryland without Board oversight. The ability to waive certification requirements for applicants is another area where genetic counselors would be set apart from other allied health practitioners. The Board has offered amendments to address all of these concerns.

Second, the Board recommends delaying implementation of SB 34 until January 1, 2023. As the licensing body responsible for regulating over 45,000 active health practitioners, the Board has been heavily impacted by the COVID-19 pandemic. The Board budget has been impacted by the Governor's Executive Order extending licensure renewals, which have been suspended for the duration of the state of emergency. While the Board has maintained all essential operations throughout the pandemic despite significant fiscal uncertainty, the Board has no way to properly gauge how deep the pandemic's impact will be on future operations, as the fund balance is entirely generated from licensing fees.

As referenced in our fiscal note, adding on a new licensure category will require significant resources, including at least two new permanent positions within the Board, which require adequate time for training and support. In recent years the Board has taken on numerous responsibilities without additional staff, including implementation of the Interstate Medical Licensure Compact, reciprocity, criminal history records checks, naturopathic medicine and more. During the COVID-19 pandemic, the Board's priorities are maintaining these and all other essential functions, and as a result the Board's current staff is insufficient to take on a new licensure category.

Genetic counselors provide valuable health services to Maryland's residents, and licensure will help ensure that these services are being provided with proper oversight. However, before we can move forward with licensure, inconsistencies must be resolved, and the Board must have an opportunity to assess the state of its budget and personnel following the pandemic. Therefore, the Board urges a favorable report on SB 34 with the Board amendments.

Amendments Offered by the Maryland Board of Physicians

Amendment 1: Adjust Members of Genetic Counselor Advisory Committee

The Board recommends striking the word "Four" on page 3, line 20, and replacing with "Three."

***Rationale:** As currently drafted, the Genetic Counselor Advisory Committee consists of four genetic counselor members, three physician members and one consumer member. This creates an imbalance in favor of genetic counselors and leaves the committee with an even number of members, which may lead to split votes. This is inconsistent with every other allied health practitioner.*

A makeup of three genetic counselors, three physicians with experience working with genetic counselors and one consumer member brings the Genetic Counselor Advisory Committee in line with other similar committees, such as the one established for respiratory therapists under H.O. §14-5A-06. This creates balanced representation and leaves the committee at an odd number for the purpose of voting.

Amendment 2: Remove 30-Day Exemption for Out-of-State Licensees

The Board recommends striking the language found on page 8, lines 11 through 13.

Rationale: Physicians and allied health practitioners must always possess a Maryland license to practice in Maryland. There are limited exceptions in specific circumstances, such as to allow an athletic trainer to assist a team that is travelling to Maryland, but no profession has a broad 30-day exemption to licensure as is proposed here. Allowing out-of-state genetic counselors to practice in Maryland without a Maryland license creates significant hurdles in terms of jurisdiction, verification and enforcement of its licensing statutes. The Board recommends removing this language.

Amendment 3: Remove Licensure Exemption for Recent Graduates

The Board recommends striking the language found on page 8, lines 20 through 24.

Rationale: Permitting unlicensed individuals to practice for up to a year without completing their examinations or becoming licensed allows for individuals who would otherwise be ineligible for licensure to practice. Without the usual licensure process, the Board has no way to verify if these individuals meet the educational or training requirements, perform criminal history records checks or go through any of the other licensure procedures that exist to safeguard Maryland consumers.

Amendment 4: Remove Board Ability to Waive Certification Requirements

The Board recommends striking the language found on page 9, lines 10 through 27.

Rationale: The Board does not have the ability to waive educational or certification requirements for any of the professions it currently licenses. These requirements are typically defined by statute and no discretion is permitted in how the Board enforces them. Allowing for the Board to waive certification requirements under certain circumstances for genetic counselors will set genetic counselors apart from other allied health practitioners, and potentially create scenarios where the Board is subject to litigation for exercising this discretion. The Board recommends that all training and certification requirements be established in a non-discretionary manner.

Amendment 5: Create Referral Requirement for the Practice of Genetic Counseling

The Board recommends adding the following language to page 10, after line 25:

(B) NO LICENSED GENETIC COUNSELOR MAY PROVIDE GENETIC COUNSELING TO A PATIENT WITHOUT A DOCUMENTED REFERRAL FROM A LICENSED PHYSICIAN OR PHYSICIAN ASSISTANT.

Rationale: Currently all allied health practitioners that fall under the purview of the Board of Physicians do so because an established relationship exists between physicians and the allied health practitioner. This relationship can manifest in various forms, such as a direct supervisory relationship or a collaborative or delegative agreement between the physician and the allied health practitioner.

As currently drafted, there exists no direct nexus between a physician and a genetic counselor. In its communications with the proponents of the bill, the Board brought up this issue, and the proponents rejected the idea of a required collaborative agreement or direct supervisory relationship. However, the Board still believes that some form of direct link between physicians and genetic counselors is a necessary component to licensure.

Adding a referral requirement creates a nexus between a physician and a genetic counselor, while still allowing for genetic counselors to practice without direct supervision or under a collaborative

agreement. This will ensure that there is proper continuity of care and medical record-keeping for all patients who receive genetic counseling services.

Amendment 6: Delay Implementation Until January 1, 2023

The Board recommends striking “October 1, 2021” on page 23, line 18 and replacing it with “January 1, 2023.”

***Rationale:** The COVID-19 pandemic has created a significant amount of uncertainty for the Board. The Board is responsible for licensing and regulating over 45,000 active practitioners. Continuing to maintain all essential Board operations without jeopardizing the health of its staff during a pandemic is a difficult and expensive task. Furthermore, as the Board is special funded, it is wholly reliant on licensing fees to operate. However, with all licensing fees suspended and with out-of-state practitioners permitted to practice without a Maryland license for the duration of the state of emergency, the future of the Board’s revenue and fund balance is very much in question.*

Taking on a new profession would require significant resources, including the hiring and training of dedicated staff members, the recruitment of the mandated Genetic Counselor Advisory Committee, the scheduling and implementation of committee meetings, modification of the Board’s proprietary licensure and enforcement database, updates to the Board’s website, developing procedures and mechanisms for verifying credentials of applicants and more. While the bill as drafted includes language that the Board may set fees as necessary to approximate the cost of maintaining the licensure program, many of these costs must be borne by the Board up-front and may not be recouped for years.

Until the state of emergency is lifted and the Board has had an opportunity to assess its financial status and the state of its personnel, it will be extraordinarily difficult to take on a new licensure category. Therefore, the Board recommends that the implementation of this bill be delayed until January 1, 2023.

For more information, please contact Wynnee Hawk, Manager, Policy and Legislation, Maryland Board of Physicians, 410-764-3786.

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

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Opposition Statement HB299/SB34

State Board of Physicians – Genetic Counselors-Licensing

By Laura Bogley-Knickman, JD

Director of Legislation, Maryland Right to Life

We Oppose HB299/SB34

On behalf of our members in Baltimore and Howard Counties and across the state, we respectfully object to HB/SB as written. Without your amendment this bill could authorize public funds to promote abortion based on genetic testing for fetal abnormalities or disabilities. Selective abortion that discriminates against preborn children due to disability undermines the human value and dignity of all persons with disabilities. Genetic testing often produces false positives that lead genetic counselors to advise parents to abort healthy children.

Pregnancy is not a Disease

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women's healthcare. Women have better options for comprehensive health care. There are 14 federally qualifying health care centers for every Planned Parenthood in Maryland. Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. As a result abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined.

No public funding for abortions

Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions performed in Maryland. State funding for abortion on demand with taxpayer funds is in direct conflict with the will of the people. A 2019 Marist poll showed that 54% of Americans, both "pro-life" and "pro-choice" oppose the use of tax dollars to pay for a woman's abortion. Never has more than 40% of the American public supported taxpayer funding of abortion regardless of the context or way in which the question is asked.

Love them both

This bill stands in conflict with the fact that 83% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds instead should be prioritized to fund health and family planning services which have the objective of saving the lives of both mother and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Funding restrictions are constitutional

The Supreme Court has held that the alleged constitutional "right" to an abortion "*implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*" When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*" -- and affirmed that *Roe v. Wade* had created a limitation on