

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.

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