

**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.