

January 25, 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,

As genetic counselors specializing in prenatal and reproductive medicine, we would like to personally thank you for the opportunity to support **S.B.34/H.B.299, the “State Board of Physicians – Genetic Counselors – Licensing.”** Licensure for genetic counselors is an important mechanism the help patients identify appropriately qualified genetic counseling providers. We are in support of the efforts to secure licensure for genetic counselors in Maryland as means toward this end, specifically Senate Bill SB34.

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. As prenatal genetic counselors, our practice centers on the care of pregnant patients, or persons considering pregnancy, who are at an increased risk for offspring with congenital anomalies, genetic syndromes, or other hereditary disease likely to have an impact on a child’s long-term medical care. Pregnancy is a vulnerable time during which the identification of any “abnormal” findings or results can be alarming. Prenatal genetic counselors, specifically, serve as highly educated patient advocates who provide patient-centered, non-coercive counseling using the most up-to-date sonographic and genomic information.

The unique role of the genetic counselor as a member of the obstetrical care team is to support the patient in first understanding the suspected or confirmed fetal diagnosis, and then in making decisions regarding next steps following the initial evaluation. Collectively, our group of five prenatal and reproductive genetic counselors has >57 years of experience in prenatal and reproductive genetics. Within that experience, we affirm that the “next steps” discussed and/or recommended by genetic counselors following abnormal genetic screening results during pregnancy always involve the collection of additional diagnostic-level information (such as through amniocentesis, fetal ultrasound, and fetal MRI, when indicated), and does not include advice to abort, as claimed by the Maryland Right to Life.

In fact, the National Society of Genetic Counselors (NSGC) Position Statement on Reproductive Freedom states that “NSGC firmly believes that reproductive decisions should be made in the context of unbiased and comprehensive information, free from discrimination or coercion¹.” The goal of prenatal genetic counseling is for the patient and the genetic counselor to engage in a meaningful dialogue and two-way exchange of information that will best help the patient arrive at a decision that is right for them. This dialogue provides the opportunity for the patient to reveal any possible factual misconceptions so that these may be corrected². Previous studies have demonstrated that, in the setting of a fetal genetic anomaly, patients who receive genetic counseling from genetics specialists are more likely to continue an affected pregnancy than patients who receive counseling from general obstetrical providers³⁻⁵.

With increasing availability and accessibility of genetic screening during pregnancy, many patients are able to have prenatal genetic screening ordered by their obstetrical provider who may have very little formal training in clinical genetics. Without the services of an ABGC-board certified genetic counselor, abnormal and potentially complex screening results run the risk of misinterpretation by a provider who does not have

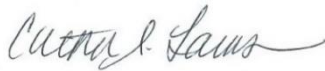
expertise in the field of clinical prenatal genetics. During a pregnancy, misinterpretation of genetic screening and testing results can lead to irreversible action, such as termination of a clinically unaffected pregnancy.

Licensure for genetic counselors is essential to ensure 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 non-genetic counseling trained individuals from attempting to and ordering genetic tests or targeting vulnerable patient populations including pregnant patients or patients who are seeking to become pregnant. Licensure of genetic counselors through S.B.34/H.B.299 would not authorize public funds to promote abortion in any way.

In our opinion, absence of licensure for ABGC-board certified genetic counselors will directly restrict the provision of clinical genetics services to patients in Maryland.

We respectfully ask that the Committee support 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,



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References:

¹National Society of Genetic Counselors Position Statement, Reproductive Freedom: <https://www.nsgc.org/p/bl/et/blogaid=35>

²Stoll K, Jackson J. Supporting Patient Autonomy and Informed Decision-Making in Prenatal Genetic Testing. *Cold Spring Harb Perspect Med.* 2020 Jun 1;10(6):a036509. doi: 10.1101/cshperspect.a036509. PMID: 31615869; PMCID: PMC7263097.

³Abramsky L, et al. What parents are told after prenatal diagnosis of a sex chromosome abnormality: Interview and questionnaire study. *BMJ* 2001. 322(7284):4636.

⁴Hall S, Abramsky L, and Marteau TM. Health professionals' reports of information given to parents following the prenatal diagnosis of sex chromosome anomalies and outcomes of pregnancies: A pilot study. *Prenat Diagn* 2003. 23(7):535-8.

⁵Shaw SW, Chueh HY, Chang SD, Cheng PJ, Hsieh TT, Soong YK. Parental decisions regarding prenatally detected fetal sex chromosomal abnormality and the impact of genetic counselling: an analysis of 57 cases in Taiwan. *Aust N Z J Obstet Gynaecol.* 2008 Apr;48(2):155-9. doi: 10.1111/j.1479-828X.2008.00828.x. Erratum in: *Aust N Z J Obstet Gynaecol.* 2008 Jun;48(3):235. PMID: 18366488.